

## Motorcycle Request for Quote

\*Fax 1-800-743-2810

Call 1-800-214-2351

Date: \_\_\_\_\_

### AGENT INFORMATION

Agent Name: _____	
Agent #: _____	Sub Producer No. _____
Agent e-mail: _____	Phone Number: _____
Contact Person: _____	Fax Number: _____

### CUSTOMER INFORMATION

Last Name	First Name	Street	City, ST. Zip	Date of Birth
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Applicant has been informed of the Insurance Score Notice. Please initial: \_\_\_\_\_ Yes \_\_\_\_\_ No

### MOTORCYCLE INFORMATION

Location/Garage Zip Code: _____	Quote Effective Date: _____
Total Number of Operators: _____ Total Number of Units: _____	

### OPERATOR INFORMATION

	Marital Status	Birthdate	Year Began Driving Street-Driven Motorcycles
Operator No. 1:	_____	_____	_____
Operator No. 2:	_____	_____	_____
Operator No. 3:	_____	_____	_____

### UNIT INFORMATION

Year: _____	Make: _____	Where is the unit kept at Night? _____
Model: _____	CC's: _____	Trike? <input type="checkbox"/> Yes <input type="checkbox"/> No
VIN No.: _____	Trike Manufacturer? _____	

### DISCOUNT INFORMATION

Valid Motorcycle License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Carrier: _____
Own Primary Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date of Coverage? _____
Member of an Approved Association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Completed Approved MC Driver Safety Course within 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### ACCIDENTS/VIOLATIONS WITHIN LAST 3 YEARS

Number of MINOR violations? _____	Number of MAJOR violations? _____	Number of AT-FAULT Accidents? _____
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### BASIC COVERAGES

Bodily Injury Limits: _____	Property Damage Limits: _____	Passenger Liability Limits: _____
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### OPTIONAL COVERAGES

Uninsured Motorists Bodily Injury: _____	Underinsured Motorists Bodily Injury: _____
Medical Payments Deductible: _____	Limit: _____
Comprehensive Limits: _____	Collision Limits: _____

**\*We Strive For A 15 Minute Turn Around for Fax Request.**

Please see other side of form.

## Insurance Score Notice

**\*In connection with this application for insurance and or request for rate quotation, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score. We may also obtain loss history and other consumer reports using a third party. The above information may be used to develop your premium or to determine your eligibility for insurance.**