

## Motorcycle/Recreational Vehicle Quote Information

### Driver #1 Information

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

County \_\_\_\_\_

If less than 3 years at address list prior address

\_\_\_\_\_

Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_

Gender? Male Female

Drivers license # \_\_\_\_\_

How many years licensed in this state \_\_\_\_\_

If less than 3 years in current state then list  
previous licensing state \_\_\_\_\_

And previous license # \_\_\_\_\_

Who is your present Insurance with

\_\_\_\_\_

Years with present carrier \_\_\_\_\_

Which vehicle does driver #1 operate \_\_\_\_\_

\_\_\_\_\_

### Additional Operators/Household Members Driver #2 Information

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_

Relationship to Head of Household (ie – spouse,  
son, daughter, etc.) \_\_\_\_\_

Gender? Male Female

Drivers license # \_\_\_\_\_

How many years licensed in this state \_\_\_\_\_

If less than 3 years in current state then list  
previous licensing state \_\_\_\_\_

And previous license # \_\_\_\_\_

Who is your present Insurance with

\_\_\_\_\_

Years with present carrier \_\_\_\_\_

Which vehicle does driver #2 operate \_\_\_\_\_

\_\_\_\_\_

\*\*\*If any drivers have taken defensive driving  
please send a copy of the certificate to us.

\*\*\*Please provide a copy of your current  
declarations for an accurate quote (pricing is not  
needed).

\*\*\*If there are additional drivers/non-drivers  
in the household please provide all of the same  
information listed on the back of this sheet.

Driver #1: Cycle License: Yes/No

On Road Experience: \_\_\_\_\_ years

Driver #2: Cycle License: Yes/No

On Road Experience: \_\_\_\_\_ years

All rate quotes are subject to the accuracy of the information provided and are effective at the time the rate quote is requested. Rate quotes are not in implicit offer to insure and are provided only for the purpose of comparing prices or approximate costs in response to a specific request. All applicants are subject to eligibility guidelines and rates are subject to change without prior notice.

**Confidential**

**Driver #3 Information**

Name \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Marital Status \_\_\_\_\_  
Relationship to Head of Household \_\_\_\_\_  
Gender? Male Female  
Drivers license # \_\_\_\_\_  
How many years licensed in this state \_\_\_\_\_  
If less than 3 years in current state then list  
previous licensing state \_\_\_\_\_  
And previous license # \_\_\_\_\_  
Who is your present Insurance with  
\_\_\_\_\_  
Years with present carrier \_\_\_\_\_  
Which vehicle does driver #3 operate \_\_\_\_\_  
\_\_\_\_\_

Driver #3: Cycle License: Yes/No  
On Road Experience: \_\_\_\_\_ years

**Driver Info**

**Please provide the driver's name if the answer to any of the questions below is yes.**

**Any driver or household member:**

Convicted of a felony? Yes No \_\_\_\_\_

Had his or her license suspended or revoked during the past 5 years?- Yes No \_\_\_\_\_

Suffered from blacking out as a result of a medical condition during the past 3 years?- Yes No \_\_\_\_\_

Involved in an accident related to a physical impairment? Yes No \_\_\_\_\_

Had an auto policy cancelled, declined or refused renewal for any driver during the past 3 years? Yes No \_\_\_\_\_

Has a condition requiring mediation? Yes No \_\_\_\_\_

Had a vehicle stolen or burned within the past five years? Yes No \_\_\_\_\_

Lapse of Liability in Last 3 Years Yes No

Owns the House they Occupy Yes No

**Misc. Policy Information**

**Prior Liability Limits** <=25/50 >25/50 and <100/300 >100/300 No Prior

**Comprehensive and/or Collision coverage**  
**carried on each vehicle** Yes No If Yes, which vehicle 1 2 3

Comprehensive Deductible: 250 500 1000 Other \_\_\_\_\_

Collision Deductible 250 500 1000 Other \_\_\_\_\_

**Towing & Labor Coverage:** 50 100 Unlimited

**Rental Reimbursement**

30 40 50 (per day)

**Any other endorsements on the policy:**

\_\_\_\_\_

**Motorcycle/Recreational Vehicle #1 Information**

Year \_\_\_\_\_  
Make \_\_\_\_\_  
Model \_\_\_\_\_  
VIN # \_\_\_\_\_  
Engine CC \_\_\_\_\_ Cost New \_\_\_\_\_  
Accessories Cost \_\_\_\_\_ Trike: Yes No  
How do you use the vehicle (ie – work, pleasure,  
etc) \_\_\_\_\_  
If driving to work how many miles one way \_\_\_\_  
Annual Mileage on this vehicle \_\_\_\_\_  
Odometer Reading \_\_\_\_\_  
Purchased Date \_\_\_\_\_  
Lien on Vehicle #1 Yes No  
Lienholder Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
Where is vehicle kept (ie–driveway, garage, etc)

**Motorcycle/Recreational Vehicle #2 Information**

Year \_\_\_\_\_  
Make \_\_\_\_\_  
Model \_\_\_\_\_  
VIN # \_\_\_\_\_  
Engine CC \_\_\_\_\_ Cost New \_\_\_\_\_  
Accessories Cost \_\_\_\_\_ Trike: Yes No  
How do you use the vehicle (ie – work, pleasure,  
etc) \_\_\_\_\_  
If driving to work how many miles one way \_\_\_\_  
Annual Mileage on this vehicle \_\_\_\_\_  
Odometer Reading \_\_\_\_\_  
Purchased Date \_\_\_\_\_  
Lien on Vehicle #1 Yes No  
Lienholder Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
Where is vehicle kept (ie–driveway, garage, etc)

**Motorcycle/Recreational Vehicle #3 Information**

Year \_\_\_\_\_  
Make \_\_\_\_\_  
Model \_\_\_\_\_  
VIN # \_\_\_\_\_  
Engine CC \_\_\_\_\_ Cost New \_\_\_\_\_  
Accessories Cost \_\_\_\_\_ Trike: Yes No  
How do you use the vehicle (ie – work, pleasure,  
etc) \_\_\_\_\_  
If driving to work how many miles one way \_\_\_\_  
Annual Mileage on this vehicle \_\_\_\_\_  
Odometer Reading \_\_\_\_\_  
Purchased Date \_\_\_\_\_  
Lien on Vehicle #1 Yes No  
Lienholder Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
Where is vehicle kept (ie–driveway, garage, etc)

**Recreational Vehicle Questions**

Circle one: Trail Bike, Mini Bike, ATV  
Dune Buggy, Snowmobile, Golf Mobile

Electric Engine: Yes No  
Horsepower \_\_\_\_\_  
Licensed for road use: Yes No  
Used for racing: Yes No  
Actual Cash Value \_\_\_\_\_

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