

DATE _____

REQUEST FOR APPROVAL ON CUSTOM ASSEMBLED OR STATE ASSIGNED VIN MOTORCYCLE

APPLICANT'S NAME & ADDRESS

POLICY NUMBER (IF APPLICABLE) _____

AGENCY NAME AND NUMBER _____

AGENCY EMAIL/PHONE NUMBER _____

SUB AGENCY NAME AND NUMBER (IF APPLICABLE) _____

YEAR & BRAND NAME OF BIKE _____

FRAME IDENTIFICATION NUMBER _____

STATE ASSIGNED VIN # _____

ENGINE YEAR, CC'S & MAKE _____

ENGINE IDENTIFICATION NUMBER _____

NAME & ADDRESS OF BIKE BUILDER

NAME & ADDRESS OF PREVIOUS OWNER

PRIOR INSURANCE CARRIER _____ EXPIRATION DATE _____

WAS IT STATE INSPECTED _____ WHICH STATE _____

PURCHASE DATE AND PRICE OF BIKE _____

VALUE OF BIKE _____

LIABILITY ONLY COVERAGE REQUEST _____ FULL COVERAGE REQUEST _____

****CUSTOM BIKES ARE SETTLED ON AN ACTUAL CASH VALUE BASIS****

TRANSMISSION YEAR & MODEL _____

TRANSMISSION IDENTIFICATION NUMBER _____

FORM COMPLETED BY: _____ DATE: _____

FAX to: (573) 348-5638

CUSAPPR-MC (Rev. 08/07)