

Motorcycle & ATV Request for Quote

FAX 1-573-348-5638 Call 1-800-985-3679

Date: _____

AGENT INFORMATION

Agent Name _____	
Agent #: 052558	Sub Producer No: _____
Agent e-mail: _____	Phone Number: _____
Contact Person: _____	Fax Number: _____

CUSTOMER INFORMATION

_____	_____	_____	_____	_____	_____	_____
Last Name	First Name	Social Security #	Address	City, ST	ZIP	Date of Birth
Applicant has been informed of the Insurance Score Notice?			Please initial: _____ Yes _____ No			

OPERATOR INFORMATION

Name	Date of Birth	Marital Status	Gender	Year began driving Street Driven Motorcycles & does operator have a valid Motorcycle license?
_____	_____	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

UNIT INFORMATION:

Location/Garage Zip Code: _____	Total Number of Operators _____	Number of Units _____	Year: _____
Make: _____	Where is unit kept at Night? _____	Model: _____	
CC's: _____	Trike? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trike Manufacturer? _____	Vin No.: _____

ELIGIBILITY INFORMATION

Garaged in city limits? Yes No Is unit re-titled with a State Assigned Serial Number? Yes No

Is unit street driven? Yes No Total of accessories, sidecars and/or trailers? \$ _____

Own primary residence? Yes No Member of approved Association? Yes No

Previous Carrier? _____ Expiration date of coverage? _____

Completed approved MC driver safety course within 3 years? Yes No

IF "YES" IS ANSWERED FOR THE FOLLOWING QUESTIONS, THE ENTIRE RISK IS INELIGIBLE

Is applicant not the titled owner? Yes No Is any unit designed/used for racing? Yes No

Any unit salvaged (without a state assigned VIN or non-factory built)? Yes No

Any unit used for business? Yes No Any unit held for sale or consignment? Yes No

Any unit written in the name of a corporation? Yes No Any unit leased or rented to others? Yes No

In the last 10 years, has any non-excluded operator ever been charged with, convicted of, or pleaded no contest to a felony? Yes No

ACCIDENTS/VIOLATIONS WITHIN THE 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: _____
OPTIONAL COVERAGES		
Uninsured Motorists Bodily Injury: _____	Replacement Cost: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Payments: _____	Safety Apparel: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comprehensive Limits: _____	Collision Limits: _____	
Travel Loss Reimbursement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Total of accessories, sidecars and/or trailers (\$)	_____

*We strive for a fast turn around for quotes.

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.**