

**AMERICAN MODERN
SNOWMOBILE QUOTE
FAX 573-348-5638
CALL 800-985-3679**

Agency Name: First Marine Underwriters

Agent # 052558

Sub-Producer Name: _____ Sub Agency# _____

FAX# _____ E-mail address: _____

Customer Name: _____

Address: _____ City _____ State _____ Zip _____

Unit Year	Make & Model	CC's	Purchase Price	Purchase Date	Rated Operator

Operator Information:

Name	DOB	Safety Course	Assoc	Yrs operating Snowmobile
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Traffic violations for any operator? Yes No Is applicant titled owner? Yes No

Any prior Snowmobile accidents? Yes No Is sled used for business? Yes No

Where are unit(s) kept at night? _____

Has sled been modified? Yes No Will sled be used for racing? Yes No

Is sled used on public roads, streets or highways? Yes No

Choose the state and then the requested liability limit:

- MN** **WI**
 20/40/10 25/50/15
 25/50/15 50/100/25
 50/100/25 100/300/50
 100/300/50

Choose: Annual Policy 6 Month Lay-Up

Medical Payments: (\$50 Ded) 1,000 2,000 5,000

Comprehensive (\$500 ded) Collision (\$500 ded)

Trailer (\$100 ded) Year _____ Make _____ Purchase Price _____

(Trailer coverage only available on full coverage quotes)