

Motorcycle Quote Form

Last Name _____ **First Name** _____

Address: _____

Street _____ **City** _____ **California,** **Zip Code** _____

1. Tell us about yourself

Daytime phone: ()	Present insurance company: (If none, explain)
E-mail:	
Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your current policy expires (mo/day/yr): / /
How long at present address?	Liability limits: <input type="checkbox"/> \$1000,000/\$300,000 <input type="checkbox"/> \$50,000/1000,000 <input type="checkbox"/> \$25,000/50,000 <input type="checkbox"/> \$Other Deductible <input type="checkbox"/> \$500 <input type="checkbox"/> \$ 1,000
If 3 years or less, how long or previous address	

2. Tell us about your vehicle(s) (List all vehicles)

Veh.	Years	Make	Model	C.C.	Cost. Value	Driven to Work/ School Miles 1 Way/Days Per Week	Estimated Annual Mileage
1.							
2.							
3.							

Veh.	Used in Business? If yes, Describe Use	Kept at Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No- Address Kept	Equipped with Anti-lock Brakes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Equipped with Automatic Seatbelts or Airbags? <input type="checkbox"/> Driver's side only <input type="checkbox"/> Both sides
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Driver's side only <input type="checkbox"/> Both sides
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Driver's side only <input type="checkbox"/> Both sides
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Driver's side only <input type="checkbox"/> Both sides

3. Tell us about all drivers in your household (Be sure to include yourself)

Name	Relationship	Date of Birth	Sex	Marital Status	Percentage of Use		
					Vehicle 1	Vehicle 2	Vehicle 3
	<i>Self</i>						

4. Tell us about your claim history List any Moving Violations, Suspensions, Revocation, and Accidents- regardless of fault – in the past 3 years including Comprehensive Losses over \$1,000.

Driver	Date	Type of Accident or Traffic Violation	Amount of Damage	Anyone Injured?
		<input type="checkbox"/> Moving violation <input type="checkbox"/> License revocation <input type="checkbox"/> Comp. Coverage loss more than \$1000 <input type="checkbox"/> Not at fault accident <input type="checkbox"/> License suspension <input type="checkbox"/> At fault accident	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Moving violation <input type="checkbox"/> License revocation <input type="checkbox"/> Comp. Coverage loss more than \$1000 <input type="checkbox"/> Not at fault accident <input type="checkbox"/> License suspension <input type="checkbox"/> At fault accident	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Moving violation <input type="checkbox"/> License revocation <input type="checkbox"/> Comp. Coverage loss more than \$1000 <input type="checkbox"/> Not at fault accident <input type="checkbox"/> License suspension <input type="checkbox"/> At fault accident	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No