

INSURENCE FOR ALL YOUR NEEDS .COM

OFF ROAD VEHICLES

FAX (626) 444-9502

DR#	NAME	AGE	DOB	MARITAL STATUS	YEARS DRIVING EXP	OTHER STATE	SEX	RELTOAPP	DRIVE VEH#
1.									
2.									

STREET _____ CITY _____ CALIFORNIA. ZIP CODE _____ PHONE HOME () _____

EMAIL ADDRESS @ _____ PHONE WORK () _____

APLICANTS	PRESENT OCCUPATION	SELF SEMPLOYED	WORKS OUT OF HOUSE	IF MIL/ RANK	EMPLOYER /LOCATION	HOW LONG
1.		Y-N	Y-N			
2.		Y-N	Y-N			

MODEL YEAR	MANUFACTURER	CC.	UNITE VALEU
1.			
2.			

HAVE YOU TAKE ANY SAFETY OR ACCIDENT PREVENTION COURS **YES** **NO**

ANY MAYOR VIOLATIONS IN THE LAST FIVE YEARS _____

ANY MINOR VIOLATIONS IN THE LAST FIVE YEARS _____

ANY AT FAULT ACCIDENTS IN THE LAST FIVE YEARS _____

DO YOU OWN ANY OTHER OFF ROAD VEHICLE **YES** **NO**

UNIDE TYPE:

1. ATV _____
2. DUNE BUGGY _____
3. GOLF CART _____
4. OFF ROAD MOTOR CYCLE _____

PRESENT CARRIER _____

EXPIRATION DATE _____ HOW LONG _____

COVERAGES

VEHICLES	#1	#2	
BODILY INJURY/ Ea Per	\$,000	\$,000	Examples 15,000 or 25,000 No More Then 500,000
(Each Accident)	\$,000	\$,000	
PROPERTY DAMAGE	\$,000	\$,000	Examples No more then \$ 100,000
UNILNSURED MOTORIST	\$,000	\$,000	Examples 15,000 or 25,000 No More Then 500,000
(Each Person)	\$,000	\$,000	
(Each accident)	\$,000	\$,000	
UNINSURED MOTORIST	Y-N	Y-N	Examples 15,000 or 25,000 No More Then 500,000
PROPERTY DAMAGE 3500	Y-N	Y-N	
COLL DED WAIVER	Y-N	Y-N	
MEDICAL PAYMENTS	\$,000	\$,000	Examples 5,000 --- 8,000 --- 10,000
COMPREHENSIVSE	DED _____	DED _____	
COLLISION	DED _____	DED _____	
TOWING AND LABOR	Y-N	Y-N	
RENTAL REIMBURSEMENT	Y-N	Y-N	
SPECIAL EQUIPMENT	Y-N	Y-N	
TOTAL _____			

**FOR A FASTER QUOTE
CALL US @ 866 661-9500**