

Motorcycle/ATV Quote Form

1st Auto Agent
 Lead Referral
 Mutual Agent

Name		Mutual	
Address		Agency	
		Agent	
County			
Phone #		Phone #	
Business Phone		Fax	
E-mail		E-mail	

HOUSEHOLD INFORMATION

Dr #	Driver's Name	Sex	Marital Status	Relation	Date of Birth	Social Security #	SR-22 Needed	Driver of Motorcycle-ATV
1								<input type="checkbox"/> Yes/ <input type="checkbox"/> No
2								<input type="checkbox"/> Yes/ <input type="checkbox"/> No
3								<input type="checkbox"/> Yes/ <input type="checkbox"/> No
4								<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Dr #	License Number	State	Purchase Date	Years Exp.	Claims/Accidents/Violations (last 5 yrs.)	Date	Claim Amount
1							
2							
3							
4							

VEHICLE INFORMATION

Veh #	Year	Make	Model	VIN #	Use	Engine CC's	Value
1							
2							
3							
4							

Veh #	Use	Garaging Zip	Garaging State	Annual Miles
1				
2				
3				
4				

Homeowner: Yes No (proof required with application)
 If mobile home, older than 10 years: Yes No
 Current auto insurance limits: _____
 Motorcycle safety course within three years: Yes No If yes, year and type: _____
 Motorcycle association: Yes No (proof required with application)
 Is motorcycle in locked garage: Yes No
 Any customized equipment: Yes No If yes, please list: _____
 Six months prior motorcycle insurance: _____ Expiration date: _____
 Auto/home/motor home with Foremost, Zurich, Farmers, or Progressive: _____
 Co-owners: Yes No If so, please list names: _____
 Lein on vehicles or additional insured: Yes No
 If yes, list vehicle number, name, and address: _____
 Other insurance: Yes No If yes, list company: _____
 Mutual policy: Yes No Quoted: Yes No
 Type of policy and number: _____

COVERAGES

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
BI/PD				
UM				
UIM				
MED				
OTC				
COLL				
CPE				
ROADSIDE				
ADDITIONAL LINES				

Special Hazard: No Turbo or Nitrous Oxide Kit, Modified Frame – External engine changes only (air cleaner, carburetors, exhaust or ignition systems), Internal engine changes including replacement camshafts, Internal engine changes including replacement/modified head(s) and/or addition of stroker kit (bored/stroked cylinders), addition of turbocharger or supercharger.

I have read the following paragraph to the applicant and they have given permission to continue:

I give the WRC Agency permission to collect information from consumer reporting agencies such as driving records, claims, and credit history reports. I understand that while I am currently just trying to obtain a quote on insurance, future reports may be used to update or renew coverage should a policy be purchased. I give permission for a representative from the WRC Agency to contact me to review this information and provide me with a quote on insurance.

Signed by: Agent	Permission given by:	Date

Additional information:
