

Snowmobile 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	Add'l Insured	Date of Birth	Principle Sled	SR-22 Needed	Driver of Snowmobile
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 #	Social Security #	State	License Number	Years Exp.	Claims/Accidents/Violations (last 5 yrs.)	Date	Claim Amount
1							
2							
3							
4							

VEHICLE INFORMATION

Veh #	Year	Make	Model	Serial #	Use	Garaging Zip	Garaging State	Engine CC's	Purchase Price
1									
2									
3									
4									

Current snowmobile insured: _____
 Six months prior snowmobile insurance: _____
 Current snowmobile policy effective date: _____ expiration date: _____
 Number of years with company: _____ Premium: _____
 Homeowner: Yes No (proof required with application)
 Number of other snowmobiles with Progressive: _____
 Snowmobile safety course: Yes No (proof required with application)
 Snowmobile association: Yes No (proof required with application)

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				
UMBI				
UIM				
MED				
OTC				
COLL				
ACPE				
TRAILER				
ADDITIONAL LINES				

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.

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Signed by: Agent

Permission given by:

Date

Additional information:

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