



MOTORCYCLE QUESTIONNAIRE

Today's Date: _____ Desired Effective Date: _____

Rider Information:

Insured Name(s): _____

Street Address: _____ City: _____

County: _____ State: _____ Zip: _____ Phone: _____

Marital Status: _____ Gender: Male Female

Driver's License #: _____ Date of Birth: _____

Does rider have motorcycle endorsement added on driver's license? Yes No

Has the rider owned or been insured on a motorcycle within the past 5 years? Yes No

If yes, how many year's? _____

MC Safety Foundation Course? ? Yes No Member of MC Association? Yes No

Are you a Homeowner? Yes No

Any Tickets or Accidents in past 5 years (MC or Auto) ? _____

Vehicle Information:

Year: _____ Make: _____ Model: _____

VIN: _____ CCs: _____

Cost New / Actual Value: _____ (required if Physical Damage is requested or cycle is more than 25 years).

Date Purchased: _____

Is motorcycle garaged: Yes No

Garaging Address (if different than above): _____

Policy Information:

Current Motorcycle Insurance? Yes No

If yes, provide: Current Carrier: _____ # of Months w/Carrier: _____ Exp

Date: _____ Premium: _____

Coverage Requested:

BI/PD/GST: _____

COMP/COLL: _____

MED: _____

RD ASST: _____

UM/UIM: _____

UMPD: _____