

MOTORCYCLE INSURANCE QUESTIONNAIRE



Rider, motorcycle, usage, safety, coverage, insurance, and loss information.

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1. Applicant and Contact Information

Applicant / named insured *

Requested effective date *

Phone *

Email *

Preferred contact method

Residential address *

City / State / ZIP *

Are all motorcycles principally garaged at the residential address?

☐

Yes

☐

No

If No, provide the complete garaging address for each motorcycle:

2. Primary Rider Information

Date of birth *

Marital status

Occupation

Years riding

Driver license number *

License state *

Motorcycle endorsement date

License / endorsement status:

☐ Valid motorcycle endorsement ☐ Learner permit ☐ No endorsement yet ☐ Out-of-state license

Has the primary rider completed an approved motorcycle safety course?

☐

Yes

☐

No

Course name / provider

Completion date

Will any household member or other person regularly operate a listed motorcycle?

☐

Yes

☐

No

Explain rider experience, licensing, regular operators, or any special circumstances:

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3. Motorcycle Schedule

Year / Make / Model	VIN	Type / CC	Value	Owned / Financed

Mark every motorcycle type to be insured:

☐ Cruiser	☐ Touring	☐ Sport / supersport	☐ Standard / commuter
☐ Scooter / moped	☐ Trike / autocycle	☐ Dirt / dual sport	☐ Vintage / antique
☐ Custom / kit	☐ Electric	☐ Off-road only	☐ Other

4. Use, Mileage, and Storage

Annual mileage 	Commute miles 	Longest trip 	Months ridden / year
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Mark every applicable use:

☐ Pleasure	☐ Commuting	☐ Errands	☐ Touring / long distance
☐ Business use	☐ Delivery / courier	☐ Club events	☐ Off-road / trail

Overnight storage type 	Storage ZIP 	Winter / seasonal storage
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Mark security devices or storage controls used:

☐ Locked garage	☐ Gated parking	☐ Alarm	☐ GPS tracker
☐ Disc / wheel lock	☐ Ignition immobilizer	☐ Cover	☐ None

Is the motorcycle used to carry passengers? ☐ Yes ☐ No

Is any motorcycle used for delivery, rideshare, rental, instruction, or other business activity? ☐ Yes ☐ No

Is any motorcycle used for racing, timed events, stunt riding, or organized competition? ☐ Yes ☐ No

Explain business use, passenger use, touring, off-road activity, club events, or competition exposure:

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5. Custom Parts, Accessories, and Equipment

Has any motorcycle been modified from factory specifications?

☐

Yes

☐

No

Any engine, turbo, nitrous, suspension, frame, or performance modifications?

☐

Yes

☐

No

Custom parts value

Riding gear value

Trailer value

Carried contents value

List custom parts, accessories, safety apparel, trailers, performance changes, cost, and installation source:

6. Additional Rider Schedule

Rider name	DOB	License / State	Endorsement	Years riding

7. Driving, Claims, and Eligibility History

Any accidents, claims, or losses involving a motorcycle in the past five years?

☐

Yes

☐

No

Any moving violations in the past five years?

☐

Yes

☐

No

Any license suspension, revocation, major violation, DUI, or reckless-driving conviction?

☐

Yes

☐

No

Any motorcycle theft, vandalism, fire, or total loss?

☐

Yes

☐

No

Has any insurer cancelled, nonrenewed, declined, or restricted motorcycle coverage?

☐

Yes

☐

No

Will any unlicensed, underage, excluded, or occasional rider operate a motorcycle?

☐

Yes

☐

No

Explain every Yes answer with rider, date, description, amount paid, status, and corrective action:

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8. Coverage Requested

Liability limit preference:

- | | | |
|--|---|--|
| ☐ State minimum | ☐ \$50,000 / \$100,000 | ☐ \$100,000 / \$300,000 |
| ☐ \$250,000 / \$500,000 | ☐ \$300,000 CSL | ☐ Please advise |

Mark coverages to evaluate:

- | | | | |
|---|--|--|---|
| ☐ Bodily injury liability | ☐ Property damage liability | ☐ Uninsured / underinsured motorist | ☐ Medical payments |
| ☐ Comprehensive | ☐ Collision | ☐ Roadside assistance | ☐ Trip interruption |
| ☐ Accessory / custom parts | ☐ Safety apparel / gear | ☐ Carried contents | ☐ Total loss replacement |
| ☐ OEM parts | ☐ Trailer coverage | ☐ Rental reimbursement | ☐ Lease / loan payoff |

Comprehensive deductible

Collision deductible

Accessory limit

Other requested limit

9. Current and Prior Insurance

Is motorcycle insurance currently in force?

- ☐ Yes ☐ No

Current carrier

Policy number

Expiration

Annual premium

Current liability limit

Current deductibles

Years continuously insured

10. Supporting Documents and Discounts

Mark documents or discount information included:

- | | | | |
|--|--|---|---|
| ☐ Current declarations | ☐ Driver licenses | ☐ Registrations / titles | ☐ Purchase / lease documents |
| ☐ Safety-course certificate | ☐ Custom-parts receipts | ☐ Photos / appraisal | ☐ Other attachment |

Potential discounts to review:

- | | | | |
|---|---|---|--|
| ☐ Multiple motorcycles | ☐ Home / auto bundle | ☐ Safety course | ☐ Anti-theft device |
| ☐ Experienced rider | ☐ Paid in full | ☐ Association / club | ☐ Other |

11. Applicant Certification and Signature

The applicant represents that the information provided is true, complete, and accurate to the best of the applicant's knowledge. This questionnaire does not bind coverage; eligibility and terms are subject to carrier underwriting and the issued policy language.

Applicant / authorized representative *

Date *