

# Motorcycle and Off Road Vehicle Quote Request Form

## Named Insured Information:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ NY Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

## VEHICLE INFORMATION:

1.) Type of Vehicle: \_\_\_\_\_ Engine Size CC's: \_\_\_\_\_

Vehicle Identification #: 1) \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year Purchased: \_\_\_\_\_ Anti-Lock Brakes?: \_\_\_\_\_ Garaging Zip Code: \_\_\_\_\_

2.) Type of Vehicle: \_\_\_\_\_ Engine Size CC's: \_\_\_\_\_

Vehicle Identification #: 2) \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year Purchased: \_\_\_\_\_ Anti-Lock Brakes?: \_\_\_\_\_ Garaging Zip Code: \_\_\_\_\_

## Driver Information:

#1) First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender M/F: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Drivers Lic. #: \_\_\_\_\_ State: \_\_\_\_\_ License Status: \_\_\_\_\_

Motor Cycle Lic. Endorsement? Y/N; \_\_\_\_\_ Taken Motorcycle Safety Course? Y/N: \_\_\_\_\_

Years Riding Experience: \_\_\_\_\_ DWI / DWAI in past 10 Years ? Y/N: \_\_\_\_\_ If Y Year?: \_\_\_\_\_

Driver Violations / Tickets / Accidents In Past 5 years ? Y/N: \_\_\_\_\_ If Y Describe and Date Convicted: \_\_\_\_\_

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#2) First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender M/F: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Drivers Lic. #: \_\_\_\_\_ State: \_\_\_\_\_ License Status: \_\_\_\_\_

Motor Cycle Lic. Endorsement? Y/N; \_\_\_\_\_ Taken Motorcycle Safety Course? Y/N: \_\_\_\_\_

Years Riding Experience: \_\_\_\_\_ DWI / DWAI in past 10 Years ? Y/N: \_\_\_\_\_ If Y Year?: \_\_\_\_\_

Driver Violations / Tickets / Accidents In Past 5 years ? Y/N: \_\_\_\_\_ If Y Describe and Date Convicted: \_\_\_\_\_

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**Underwriting Info:**

Member of MC Club or Association? Y/N: \_\_\_\_\_ If Y Name: \_\_\_\_\_

Primary Residence of Named Insured Applicant: \_\_\_\_\_

Current Insurance On Motorcycle or Off Road Vehicle? Y/N: \_\_\_\_\_

Current Ins. Co. Name: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_ Expire: \_\_\_\_\_

Current Liability Limits: \_\_\_\_\_ Policy In Force At Least 6 Months? Y/N: \_\_\_\_\_

**Coverage Information Vehicle #1 :**

Liability Limit Requested - Bodily Injury: \_\_\_\_\_ Property Damage: \_\_\_\_\_

Uninsured/Underinsured Motorist Liability: \_\_\_\_\_

Medical Payments: \_\_\_\_\_

Comprehensive ( Fire, Theft, Vandalism ): \_\_\_\_\_

Collision: \_\_\_\_\_

Roadside Assistance Coverage Requested? Y/N: \_\_\_\_\_

Optional Trailer Coverage for Comprehensive & Collision? Y/N: \_\_\_\_\_

If Yes Trailer Year/Make/Model & Value: \_\_\_\_\_

Any Aftermarket Accessories Parts to be insured? Y/N: \_\_\_\_\_

If Yes List with description and value: \_\_\_\_\_

**Coverage Information Vehicle #2 :**

Liability Limit Requested - Bodily Injury: \_\_\_\_\_ Property Damage: \_\_\_\_\_

Uninsured/Underinsured Motorist Liability: \_\_\_\_\_

Medical Payments: \_\_\_\_\_

Comprehensive ( Fire, Theft, Vandalism ): \_\_\_\_\_

Collision: \_\_\_\_\_

Roadside Assistance Coverage Requested? Y/N: \_\_\_\_\_

Optional Trailer Coverage for Comprehensive & Collision? Y/N: \_\_\_\_\_

If Yes Trailer Year/Make/Model & Value: \_\_\_\_\_

Any Aftermarket Accessories Parts to be insured? Y/N: \_\_\_\_\_

If Yes List with description and value: \_\_\_\_\_

**Click Below To Finish Quote Request and E-mail Form:**