Motorcycle ATV Snowmobile Golf Cart Questionnaire

PRINT CLEAR

Agent Name: Agent Code: Agent State:

General Information

Proposed Effective Date:
Applicant Name: SSN: DOB:
Occupation: Education: -Choose- Marital Status: -Choose-
Phone: -Choose- E-mail:

Co-applicant Name: SSN: DOB:
Occupation: Education: -Choose- Marital Status: -Choose-
Phone: -Choose- E-mail:

Mailing Address: City: State: ---- Zip Code:
Garaging Address: City: State: ---- Zip Code:

Residence Type: Home / Condo ☐ Rent ☐ Other ☐
Current Insurance Carrier: -Choose- # months with carrier: Exp. Date:

Riders:
Name: DOB: Gender: -Choose- Marital Status: -Choose-
Automobile Drivers License #: License State: ----
MC Endorsement on Drivers License: ☐ Off-road use only: ☐
Permanent Resident of Household: ☐ # Years operating MC/ATV/Snowmobile? -Choose-

Name: DOB: Gender: -Choose- Marital Status: -Choose-
Automobile Drivers License #: License State: ----
MC Endorsement on Drivers License: ☐ Off-road use only: ☐
Permanent Resident of Household: ☐ # Years operating MC/ATV/Snowmobile? -Choose-

Discounts:
Association Membership:
Safety Course/Date Completed:

	Year	Make	Model	VIN	Purchase Date:
Vehicle 1:					
Vehicle 2:					

	BI/PD:	UM/UIM/PD:	Medical:	Comprehensive:	Collision:	Towing:
Limits 1:	-Choose- -Choose-	-Choose- -Choose-	-Choose-	-Choose-	-Choose-	-Choose-
Limits 2:	-Choose- -Choose-	-Choose- -Choose-	-Choose-	-Choose-	-Choose-	-Choose-

Modifications: ☐
Custom Parts & Equipment: ☐
Previously Totaled or Salvaged Title: ☐
Used for business, racing/speed contests, corporate owned: ☐
Additional Interest: ☐

Name:
Address:

Claims/Violations in past 5 years:

Rider: -NA- Date of Loss: Cause of loss/Amount Paid:

Rider: -NA- Date of Loss: Cause of loss/Amount Paid:

Rider: -NA- Date of violation: Violation type:

Rider: -NA- Date of violation: Violation type:

Payment Options:

EFT: ☐ Credit Card: ☐

Paid in Full: ☐ Monthly: ☐ Other: ☐