

MOTORCYCLE WORKSHEET

CONTACT INFORMATION:

First Name: _____ Last Name: _____

Garaging Address: _____

Garaging City: _____

Garaging State: _____

Garaging Zip Code: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

MAILING ADDRESS (OPTIONAL):

Mailing Address: _____

(If Different from Garaging):

DRIVER INFORMATION:

First Name: _____

Birthdate: _____

Sex: _____ Marital Status: _____ (Married or Single)

State Licensed: _____

Occupation: _____

Do you have a Motorcycle Endorsement on your License?(Y/N) _____

MOTORCYCLE INFORMATION:

Year: _____

Make: _____

Model: _____

Engine CC's: _____

I.D. # _____

Miles Driven Each Year: _____

Ownership: (Leased, Paid-off, Financed) _____

COVERAGE INFORMATION:

Bodily Injury Liability Requested: _____ (max is 250,000/500,000)

Uninsured Motorist: _____ (max is 250,000/500,000)

Medical Payment: _____ (5k or 10k is normal)

DEDUCTIBLE INFORMATION :

JUST LIABILITY

MISCELLANEOUS INFORMATION:

Current Insurance Company: _____ Expiration

Date: _____ Current Premium \$: _____