

**MOTORCYCLE/ATV/OFF ROAD VEHICLE/SNOWMOBILE INSURANCE APPLICATION**

Applicant's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SS# \_\_\_\_\_ Driver's License # \_\_\_\_\_ Years Licensed \_\_\_\_\_

Do you have points on your license? Yes \_\_\_ No \_\_\_, if so, how many points? \_\_\_\_\_

Do you have Motorcycle endorsement on your license? Yes \_\_\_ No \_\_\_

How your license been suspended or revoke within the last five (5) years? Yes \_\_\_ No \_\_\_ if so, when \_\_\_\_\_

Do you own a house: Yes \_\_\_ No \_\_\_

Have you completed a defensive driving course within the last 3 years: Yes \_\_\_ No \_\_\_

Are you married? Yes \_\_\_ No \_\_\_, if so, complete below, otherwise skip to the next section.

Spouse's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

Driver's License: \_\_\_\_\_

Does your spouse have points on his/her license? Yes \_\_\_ No \_\_\_, if so, how many points? \_\_\_\_\_

Has her/his license been suspended or revoke within the last five (5) years? Yes \_\_\_ No \_\_\_ if so, when \_\_\_\_\_

Have you completed a Motorcycle, Snow-mobile or ATV safety course within the last 3 years: Yes \_\_\_ No \_\_\_

**MOTORCYCLE/ATV/OFF ROAD VEHICLE/SNOWMOBILE INFORMATION**

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

CC Size: \_\_\_\_\_ VIN #: \_\_\_\_\_

Vehicle Use: Pleasure \_\_\_ Off-Road \_\_\_ Racing/Commercial: \_\_\_\_\_

Does the Vehicle has a Turbo or Nitrous oxide Kit? Yes \_\_\_ No \_\_\_

Does the Vehicle have a modified frame? Yes \_\_\_ No \_\_\_

Does the vehicle has a Trike kit ? \_\_\_\_\_ Insure Trike Kit as Accessory Coverage: Yes \_\_\_ No \_\_\_

Do you have a LoJack Device installed on the vehicle? Yes \_\_\_ No \_\_\_

What's your current insurance policy premium? \$ \_\_\_\_\_ Every Six Months \_\_\_ Annual \_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Carrier's Name: \_\_\_\_\_

List all Violation and Accidents within the past 5 years.

Driver	Violation/Accident	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If possible provide us with the declaration page of your current auto insurance so we can quote the same coverage and the information for all lien holders, if any.

Sent/Referred by: \_\_\_\_\_ send quote to: \_\_\_\_\_

Print name and number

(Fax # or E-mail)