



Motorcycle & ATV Quote Request-Michigan

Fax to 1-888-767-0826

Agency Code	
Agency Name	
Agent Name	
Agency Fax	
Agency Phone	

Customer Name	
Garaging Address	

City, State, Zip	
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Social Security Number	____-____-____
Mailing Address	
City, State, Zip	

In connection with this quote for insurance, the individual insurance companies may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. They may use this information to decide whether to insure you or how much to charge. They may use a third party in connection with the development of your credit score.

MANDATORY **I have read the above statement to the insured.**
(American Modern, Foremost) initials

Policy Term: Annual _____ 6 month _____ (American Reliable only) Both _____

Liability Limits (PD Cannot Exceed Per Person BI Limit)			
Bodily Injury	Property Damage	Medical Payments	Uninsured Motorist
____ 20/40	____ 10	____ None	____ None
____ 25/50	____ 25	____ 5,000	____ 20/40
____ 50/100	____ 50	____ 10,000	____ 50/100
____ 100/300	____ 100	____ 15,000	____ 100/300
____ 250/500		____ Other (list)	____ 250/500
____ 500/500 <small>(American Modern only)</small>			____ 500/500 <small>(American Modern only)</small>

	Unit 1		Unit 2	
Year of Unit				
Make of Unit				
Model				
CC Size				
V.I.N. (if available)				
Date Purchased				
Purchase Price				
Trike?	Yes No	Yes No		
If Trike Conversion—manufacturer/model/year				
State Assigned V.I.N.?	Yes No	Yes No		
Kept in locked garage?	Yes No	Yes No		
Used on road?	Yes No	Yes No		
Number of wheels				
Deductible	None 100 250 500 1000	None 100 250 500 1000		
Replacement Cost?	Yes No	Yes No		
Value of Accessories to be covered				
Safety Apparel/ Towing/ Travel Loss	Yes No	Yes No		
Audible Theft Alarm	Yes No	Yes No		

	Operator 1		Operator 2	
Name				
Date of Birth				
Married	Yes No	Yes No		
Cycle experience (road)		years		years
Valid Cycle Endorsement	Yes No	Yes No		
SR22 Required	Yes No	Yes No		
Cycle primarily ridden	1 2	1 2		
Belong to cycle Assoc?	Yes No	Yes No		
Homeowners Insurance?	Yes No	Yes No		
Prior cycle insurance expiration date				
Prior carrier name				
MSF Safety Course in past 3 years?	Yes No	Yes No		

Accidents/Violations			
Driver #	Acc/Ticket	Date	Loss Amount