



# Motorcycle & ATV Quote Request-Indiana

Fax to 1-888-767-0826

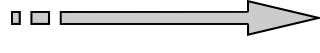
Agency Code	
Agency Name	
Agent Name	
Agency Fax	
Agency Phone	

Customer Name	
Location Address	
City, State, Zip	

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**  
(American Modern, Foremost)



\_\_\_\_ I have read the above statement to the insured.  
initials

### Liability Limits (PD Cannot Exceed Per Person BI Limit)

Bodily Injury	Property Damage	Med Pay	UM	UM PD	UIM
____ 25/50	____ 10	____ None	____ None	____ None	____ None
____ 50/100	____ 15	____ 1000	____ 25/50	____ 10	____ 25/50
____ 100/300	____ 25	____ 5000	____ 50/100	____ 25	____ 50/100
____ 250/500 (must have umbrella)	____ 50	____ 10,000	____ 100/300	____ 50	____ 100/300
	____ 100 (must have umbrella)	____ Other (list)	____ 250/500 (must have umbrella)	____ 100 (must have umbrella)	____ 250/500 (must have umbrella)

	Unit 1	Unit 2
Year of Unit		
Make of Unit		
Model		
CC Size		
V.I.N. (if available)		
Date Purchased		
Purchase Price		
Theft Alarm?	Yes No	Yes No
Trike?	Yes No	Yes No
If Trike Conversion—name of manufacturer		
Retitled?	Yes No	Yes No
Kept in locked garage?	Yes No	Yes No
Used off road?	Yes No	Yes No
Number of wheels		
Deductible	None 250 500 1000	None 250 500 1000
Replacement Cost?	Yes No	Yes No
Value of Accessories to be covered		
Road Rider/Travel Loss	Yes No	Yes No
Audible Theft Alarm	Yes No	Yes No
MSF Safety Course in past 3 years?	Yes No	Yes No

	Operator 1	Operator 2
Name		
Date of Birth		
Married		
Cycle experience under 600cc (years)		
Cycle experience over 600cc (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
Auto Insurance?	Yes No	Yes No
Prior cycle insurance expiration date		
Prior carrier name		

### Accidents/Violations

Driver #	Acc/Ticket	Date	Loss Amount