



Motorcycle & ATV Quote Request-Illinois

Fax to 1-888-767-0826

Agency Code	
Agency Name	
Agent Name	
Agency Fax	
Agent E-mail	

Customer Name	
Location Address	City, State, Zip

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

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

Liability Limits (PD Cannot Exceed Per Person BI Limit)

Bodily Injury	Property Damage	Med Pay	UM/UIM	UM PD
____ 20/40	____ 15	____ None	20/40 (incl)	____ 15
____ 25/50	____ 25	____ 500	____ 25/50	
____ 50/100	____ 50	____ 1000	____ 50/100	
____ 100/300	____ 100	____ 5000	____ 100/300	
____ 250/500		____ 10,000	____ 250/500	

	Unit 1		Unit 2			Operator 1		Operator 2	
Year of Unit					Name				
Make of Unit					Date of Birth				
Model					Married	Yes	No	Yes	No
CC Size					Cycle experience (road)		years		years
V.I.N. (if available)					Valid Cycle Endorsement	Yes	No	Yes	No
Date Purchased					SR22 Required	Yes	No	Yes	No
Purchase Price					Cycle primarily ridden	1	2	1	2
Trike?	Yes	No	Yes	No	Belong to cycle Assoc?	Yes	No	Yes	No
If Trike Conversion-manufacturer/model/year					Homeowners Insurance?	Yes	No	Yes	No
State Assigned V.I.N.?	Yes	No	Yes	No	Prior cycle insurance expiration date				
Kept in locked garage?	Yes	No	Yes	No	Prior carrier name				
Used on road?	Yes	No	Yes	No	MSF Safety Course in past 3 years?	Yes	No	Yes	No
Number of wheels									
Deductible	None	100	250	None					
		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					

Accidents/Violations

Driver #	Acc/Ticket	Date	Loss Amount