



Motorcycle & ATV Quote Request - Michigan

Fax to 1-888-767-0826

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

Customer Name	
Garaging 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

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	____ 200 <small>(American Modern only)</small>	____ Other (list)	____ 250/500
____ 500/500 <small>(American Modern only)</small>			____ 500/500 <small>(American Modern only)</small>

	Unit 1	Unit 2	Deductible	Unit 1: None \$100 \$250 \$500 \$1000	Unit 2: None \$100 \$250 \$500 \$1000	Operator 1	Operator 2
Year of Unit							
Make of Unit							
Model							
CC Size							
V.I.N. (if available)	Unit 1						
	Unit 2						
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*					
*If no, number of wheels							
Audible Theft Alarm?	Yes No	Yes No					
Replacement Cost? (Street units 2 years or newer)	Yes No	Yes No					
Value of Accessories	\$	\$					
Safety Apparel/ Towing/ Travel Loss?	Yes No	Yes No					
Rental Reimbursement?	Yes No	Yes No					
Transport Trailer (\$100 min)	\$	\$					
Accidents/Violations							
Driver #	Acc/Ticket	Date	Loss Amount				
			\$				
			\$				
			\$				