



Motorcycle & ATV Quote Request-Minnesota

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
(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	Uninsured Motorists
____ 30/60	____ 15	____ None	____ 30/60
____ 50/100	____ 25	____ 1000	____ 50/100
____ 100/300	____ 50	____ 5000	____ 100/300
____ 250/500 (Must be required for umbrella)	____ 100 (Must be required for umbrella)	____ 10,000	____ 250/500 (Must be required for umbrella)

	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