



# Motorcycle & ATV Quote Request-Wisconsin

Fax to 1-888-767-0826

Agency Code	
Agency Name	
Agent Name	
Agency Fax	
Agent E-Mail	

Customer Name	
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Location 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

Liability Limits (PD Cannot Exceed Per Person BI Limit)				
Bodily Injury	Property Damage	Med Pay	UM	UIM
_____ 25/50	_____ 10	_____ None	_____ 25/50	_____ None
_____ 50/100	_____ 15	_____ 5000	_____ 50/100	_____ 50/100
_____ 100/300	_____ 25	_____ 10,000	_____ 100/300	_____ 100/300
_____ 250/500 <small>(must have umbrella)</small>	_____ 50	_____ Other (list)	_____ 250/500 <small>(must have umbrella)</small>	_____ 250/500 <small>(must have umbrella)</small>
	_____ 100 <small>(must have umbrella)</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