

## ***MOTORCYCLE, SCOOTER AND ATV QUOTE SHEET***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ License#: \_\_\_\_\_ State: \_\_\_\_\_ (Must have to give quote!!!)

Date of Birth: \_\_\_\_\_ Married: Yes or No Motorcycle License: Yes or No Accidents/Violations: Yes or No

Vehicle: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ CC: \_\_\_\_\_ Weight: \_\_\_\_\_

Value: \_\_\_\_\_ Vin# \_\_\_\_\_

Mailing address: \_\_\_\_\_ (Must have to give quote!!!)

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_

Garaging address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Discounts: Driver Training Course: Yes or No Homeowner: Yes or No Member of: AMA, HOG, other \_\_\_\_\_

Discounts: Transfer Yes or No If yes, name of current MCY insur. Co. \_\_\_\_\_ Policy#: \_\_\_\_\_ Date: \_\_\_\_\_

Liability Limits Desired in Thousands: (circle) \$25/50/10 (minimum) \$100/300/50 \$250/500/50

Deductible Desired: \$500 or \$1000 Transferring Vehicle Plate: Yes or No

Type of Coverage Needed: (circle) LIABILITY LIABILITY & THEFT LIABILITY, THEFT & COLLISION

Lienholder: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Address: \_\_\_\_\_

DEALER REQUESTING QUOTE: EAST END MOTORSPORTS

