

Motorcycle

Select type:

- Adventure, Dual Sport, or Enduros Cruiser Chopper Custom
- Dirt Bike, Off-highway Motorcycle, or Off-road Bike Electric Mini, Pocket, or Commuter
- Sport Bike, Street Bike, or SuperSort

For each vehicle, provide the following:

	Vehicle 1	Vehicle 2	Vehicle 3
Year			
Manufacturer			
Model			
VIN / ID Number			
Registration State			
Purchase Date			
Engine CC			
Loss Settlement Valuation Method			
Coverage Amount			

VEHICLE LEVEL QUESTIONS

1. **Is there existing damage?** Yes No

2. **Does this vehicle have any customized equipment?** Yes No
 If yes, identify equipment type.
 - Wheels Custom Paint Sidecar Trike Kit Electronics
 - Saddlebag Windshield Handlebars/Control

3. **What is the value of the customized equipment?** \$

4. **Where is the vehicle stored?** Indoors Outdoors

5. **How many months during the year does the customer use this vehicle?** months

6. **Do any of the following apply to this vehicle?**
 - Delivery of Goods/Services Farming or Ranching Leased or Rented to Others
 - Loaned to Others Racing US Mail Carrier/Federal Employee
 - None of these

7. **Has this vehicle been modified for enhanced performance?** Yes No

8. Is this vehicle co-owned by anyone other than a named insured? Yes No

If yes, list the name of the co-owner.

9. Has this vehicle been continuously insured for physical damage for the last 12 months (or for the duration of the customer’s ownership if less than 12 months)? Yes No

10. Additional Interest information:

11. Garaging location address:

Snowmobile

For each vehicle, provide the following:

	Snowmobile 1	Snowmobile 2	Snowmobile 3
Year			
Manufacturer			
Model			
VIN / ID Number			
Registration State			
Purchase Date			
Engine CC			
Loss Settlement Valuation Method			
Coverage Amount			

VEHICLE LEVEL QUESTIONS

1. Is there existing damage? Yes No

2. Does this vehicle have any customized equipment? Yes No

If yes, identify equipment type.

Custom Paint Electronics Saddlebag Windshield Handlebars/Control

3. What is the value of the customized equipment? \$

4. Where is the vehicle stored? Indoors Outdoors

5. How many months during the year does the customer use this vehicle? months

6. Do any of the following apply to this vehicle?

Delivery of Goods/Services Farming or Ranching Leased or Rented to Others
 Loaned to Others Racing US Mail Carrier/Federal Employee
 None of these

7. Has this vehicle been modified for enhanced performance? Yes No

8. What is the maximum number of occupants / riders?

9. Is this vehicle co-owned by anyone other than a named insured? Yes No
 If yes, list the name of the co-owner.

10. Has this vehicle been continuously insured for physical damage for the last 12 months (or for the duration of the customer's ownership if less than 12 months)? Yes No

11. Additional Interest information:

12. Garaging location address:

Recreational Vehicle

Select type:

- | | | | |
|--|-----------|-------------------|-------------------------------|
| All Terrain Vehicle (ATV) | Autocycle | Dunebuggy | Golf Cart |
| Mini Truck | Moped | Motorized Bicycle | Neighborhood electric vehicle |
| Off Road Vehicle | Sandrail | Motor Scooter | Self-Balancing Scooter |
| Utility Task Vehicle (UTV) or Side by Side | | | |

For each vehicle, provide the following:

	Vehicle 1	Vehicle 2	Vehicle 3
Year			
Manufacturer			
Model			
VIN / ID Number			
Registration State			
Purchase Date			
Engine CC			
Loss Settlement Valuation Method			
Coverage Amount			

VEHICLE LEVEL QUESTIONS

1. Is there existing damage? Yes No

2. Does this vehicle have any customized equipment? Yes No

If yes, identify equipment type.

- | | | | | |
|--------------|-------------|-----------|------------|--------------------|
| Custom Paint | Electronics | Saddlebag | Windshield | Handlebars/Control |
|--------------|-------------|-----------|------------|--------------------|

3. What is the value of the customized equipment? \$
4. Where is the vehicle stored? Indoors Outdoors
5. How many months during the year does the customer use this vehicle? months
6. Do any of the following apply to this vehicle?
- Delivery of Goods/Services Farming or Ranching Leased or Rented to Others
- Loaned to Others Racing US Mail Carrier/Federal Employee
- None of these
7. Has this vehicle been modified for enhanced performance? Yes No
8. What is the maximum number of occupants / riders?
9. Is this vehicle co-owned by anyone other than a named insured? Yes No
If yes, list the name of the co-owner.
10. Has this vehicle been continuously insured for physical damage for the last 12 months (or for the duration of the customer's ownership if less than 12 months)? Yes No
11. Additional Interest information:
12. Garaging location address:

Trailer

Select type:

- Motorcycle Transport Trailer Motorcycle Cargo Trailer Recreational Vehicle Transport Trailer
- Recreational Vehicle Cargo Trailer Snowmobile/Snowmachine Transport Trailer
- Snowmobile/Snowmachine Cargo Trailer

For each vehicle, provide the following:

	Vehicle 1	Vehicle 2	Vehicle 3
Year			
Manufacturer			
Model			
VIN / ID Number			
Registration State			
Purchase Date			
Engine CC			
Loss Settlement Valuation Method			
Coverage Amount			

VEHICLE LEVEL QUESTIONS

1. Is there existing damage? Yes No

Operators / Household Members

For each operator/household member, provide the following:

	Operator 1	Operator 2	Operator 3
Full Name			
Date of Birth			
Gender			
Relationship to Insured			
Marital Status			
Occupation			
Primary Phone Type and Number			
Email Address			

If this person is a licensed driver, provide:

	Licensed Driver 1	Licensed Driver 2	Licensed Driver 3
Driver License Status			
Driver License Number			
Driver License State			
Age First Licensed			

1. Has the driver's license been suspended/revoked in the last 5 years? Yes No
2. Is this driver required to submit a financial responsibility filing (SR22)? Yes No
3. Does the operator have a valid Motorcycle Endorsement? Yes No Pending
4. Does this person operate this motorcycle? Yes No