

Motorcycle and Off-Road Vehicle

INSURANCE QUOTE REQUEST—RELEASE 8

PROGRESSIVE®

Principal Named Insured Information

First Name: _____ Middle Name: _____ Last Name: _____

Home Phone Number: () _____ Work Phone Number: () _____

E-mail Address: _____

Current Mailing Address: _____

Vehicle Information

Policy Type: Motorcycle/ATV Snowmobile Vehicle Type: Motorcycle/Trike ATV Dirt Bike Moped/Scooter

VIN: _____ Golf Cart 3-Wheel Alternative Vehicle Segway®

Year: _____ Make: _____ Model: _____ CC Size: _____

Is the motorcycle a trike? Yes No Anti Lock Brakes? Yes No Purchase Year: _____ Garaging Zip Code: _____

Special Hazard: Yes No Turbo or Nitrous Oxide Kit Modified Frame

LoJack device installed on this vehicle? Yes No

Driver/Violation Information

 (any operator in or outside the household with regular access to insured vehicle more than 12 times per year)

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Date of Birth: / / Social Security Number: _____ Gender: _____

Marital Status: Married Single Other: _____ Relationship: _____

Driver's License Status: Valid Permit Suspended No License Motorcycle Endorsement? Yes No

State Filing: Yes No Approved Safety Course Completion: Yes No License State: _____

License Number: _____ Years Riding Experience: _____ 2nd Named Insured: Yes No

Violations—All comprehensive claims, accidents (both at fault and not at fault), and violations for the last 35 months:

Underwriting Information

Association Name: None Honda Riders Club of America Primary Residence: Own Home/Condo Own Mobile Home (10 years old or newer)

Other Policies with Progressive: Yes No Rent Live with Parents Other: _____

Prior Motorcycle Liability Insurance: Yes No Prior Motorcycle Carrier: _____

Prior Policy Period Expiration Date: / / Reason for New Progressive Policy: _____

Prior Automobile Liability Insurance: Yes No Current Auto BI Limits: _____

Coverage Information

Liability/Guest Passenger Limits: _____

UM/UIM: _____

UMPD: _____

Med Pay: _____

Comp/Coll Deductibles: _____

Total Loss Coverage: _____

Roadside Assistance: _____

Trip Interruption: _____

Transport Trailer: _____

Accessory Coverage

Paint: \$ _____

Chrome: \$ _____

Wheels: \$ _____

Trike Kit: \$ _____

Saddlebags/Windshield: \$ _____

Pull Behind Trailer: \$ _____

Safety Apparel: \$ _____

Other: \$ _____

Total: \$ _____

Note To Customer (in credit states only): To provide an accurate quote, we have asked you numerous questions about yourself and your Motorcycle/Off-Road Vehicle. As part of the quoting process, we will also be utilizing various consumer reports which may include reports regarding your credit history. All information we acquire may be provided to our insurance carriers. Please initial here if we have your permission to gather and share information as described herein: _____

Note To Agent: Not all programs and features are available in every state and the specifics of each program feature may vary by state. Please refer to your state page on ForAgentsOnly.com for details.