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www.wrcagency.com

Motorcycle/ATV Quote Form

| | | | |
|--------------------------|--|----------------------------|--|
| Name (including M.I.) | | Referred By | |
| Address | | Home Insurance Carrier | |
| County | | Cycle Insurance Carrier | |
| Phone # | | | |
| E-mail | | | |

HOUSEHOLD INFORMATION

| Dr # | Driver's Name | Sex | Marital Status | Relation | Date of Birth | Social Security # | Cycle License Y/N | Driver of Motorcycle-ATV |
|---------|---------------|-----|-------------------|----------|------------------|----------------------|-------------------------|--|
| 1 | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Dr # | License Number | State | Purchase Date | Years Exp. | Claims/Accidents/Violations (last 5 yrs.) | Date | Claim Amount |
|---------|----------------|-------|------------------|---------------|--|------|-----------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |

VEHICLE INFORMATION

| | Year | Make | Model | VIN # | Use | Engine CC's | Value | Annual Miles | Garaging Zip & State |
|---|------|------|-------|-------|-----|----------------|-------|-----------------|-------------------------|
| 1 | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

GENERAL INFORMATION

Current auto insurance limits:

Lien on vehicles or additional insured: ☐ Yes ☐ No * If yes, list vehicle, name and address:

Motorcycle is in a locked garage: ☐ Yes ☐ No

Customized Equipment: ☐ Yes ☐ No * If yes, please list

Six months prior motorcycle insurance: ☐ Yes ☐ No * If yes, list company & expiration date

Co-owners: ☐ Yes ☐ No * If yes, list names

Other Insurance: Yes No * If yes, list company

Mutual Policy: ☐ Yes ☐ No

DISCOUNTS

Homeowner: ☐ Yes ☐ No (proof required with application)

If mobile home, older than 10 years: ☐ Yes ☐ No

Motorcycle Safety Course within three years: ☐ Yes ☐ No * If yes, year and type

Motorcycle Association: ☐ Yes ☐ No (proof required with application)

LoJack Installed: ☐ Yes ☐ No

Does any listed driver require an SR22: ☐ Yes ☐ No * If yes, list who:

COVERAGES

| | Vehicle 1 | Vehicle 2 | Vehicle 3 | Vehicle 4 |
|------------------|-----------|-----------|-----------|-----------|
| BI/PD | | | | |
| UM | | | | |
| UIM | | | | |
| MED | | | | |
| OTC | | | | |
| COLL | | | | |
| CPE | | | | |
| ROADSIDE | | | | |
| ADDITIONAL LINES | | | | |

Special Hazard: No Turbo or Nitrous Oxide Kit, Modified Frame – External engine changes only (air cleaner, carburetors, exhaust or ignition systems), Internal engine changes including replacement camshafts, Internal engine changes including replacement/modified head(s) and/or addition of stroker kit (bored/stroked cylinders), addition of turbocharger or supercharger.

***Do you give the WRC Agency permission to collect information from consumer reporting agencies such as driving records, claims, and credit history reports for underwriting purposes? Do you accept that while you are currently just trying to obtain a quote on insurance, future reports may be used to update or renew coverage should a policy be purchased? The WRC Agency does not sell, share or provide this information to anyone other than the companies being quoted.**

| | |
|------------------------------------|------------------------|
| Client Signature (Required) | Date (Required) |
|------------------------------------|------------------------|