

# WRC AGENCY

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## Snowmobile Quote Form

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

### HOUSEHOLD INFORMATION

Dr #	Driver's Name	Sex	Marital Status	Relation	Add'l Insured	Date of Birth	Principle Sled	SR-22 Needed (Y/N)	Driver of Snowmobile
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 #	Social Security #	State	License Number	Years Exp.	Claims/Accidents/Violations (last 5 yrs.)	Date	Claim Amount
1							
2							
3							
4							

### VEHICLE INFORMATION

	Year	Make	Model	Serial #	Use	Garaging Zip & State	Engine CC's	Purchase Price
1								
2								
3								
4								

**GENERAL INFORMATION**

Current snowmobile insured:  Yes  No \* If yes, list company  
 Six months prior snowmobile insurance:  Yes  No \* If yes, list company  
 Current snowmobile policy expiration date \_\_\_\_\_  
 Number of years with company \_\_\_\_\_ Current Premium \_\_\_\_\_  
 Lien on snowmobile or additional insured:  Yes  No  
 \* If yes, list vehicle number, name, and address

**DISCOUNTS**

Homeowner:  Yes  No (proof required with application)  
 Snowmobile safety course:  Yes  No (proof required with application)  
 Snowmobile association:  Yes  No (proof required with application)

**COVERAGES**

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
BI/PD				
UMBI				
UIM				
MED				
OTC				
COLL				
ACPE				
TRAILER				
ADDITIONAL LINES				

**\*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.**

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Client Signature **(Required)** Date **(Required)**