

WRC AGENCY

P.O. Box 7988, Madison, Wisconsin 53707-7988
(608) 242-4519 or (800) 329-7020 Fax: (608) 442-5029 www.wrcagency.com

Motorcycle/ATV Quote Form

*Please specify what vehicles are being quoted: Motorcycle ATV

1st Auto Agent

Lead Referral

Mutual Agent

****Please note that the accuracy of our quote(s) provided to you is only as accurate as the information that you have provided to our agency.**

Client Name (Including M.I.)		Mutual	
Client Address		Agency	
How long at Address?		Agent	
Prior Address (If less than 2 years)		Agent Phone #	
Client County		Agent Email	
Client Phone #		Client Email	

DRIVER INFORMATION

	Driver Name	Sex	Marital Status	Relation to Insured	Date of Birth	Social Security #	SR-22 Filing?
1.							
2.							
3.							
4.							

	Driver's License #	State of Driver's License	Years of Driving Experience	Cycle License?	Primary Vehicle?
1.					
2.					
3.					
4.					

CLAIM INFORMATION

	Driver Name	Claims/Accidents/Violations within the past 5 years & Date of Loss	Claim Amount
1.			
2.			
3.			
4.			

PRIOR INSURANCE INFORMATION

Has the vehicle(s) been insured for the past Six months? If so, please fill out the next section.			
Yes		No	
Current Insurance Company:	Number of years with the company:	Policy Period:	Premium:
Please list other companies already quoted with: 			

VEHICLE INFORMATION

	Vehicle Type	Year	Make	Model	VIN#
1.					
2.					
3.					
4.					
5.					

	Vehicle Use	Engine CC's	Value	Purchase Date	Annual Miles	Garaging Zip & State
1.						
2.						
3.						
4.						
5.						

COVERAGES

Bodily Injury & Property Damage Liability					
Medical Payment Liability					
Uninsured Motorist Liability					
Underinsured Motorist Liability					
Comprehensive Deductible					
Collision Deductible					
Roadside/Towing Coverage					
CPE (Customized Personal Equipment)					

GENERAL INFORMATION

Current Auto Insurance Limits:		
Lien holder on vehicles or Additional Insured? Please list:		
Is the vehicle locked in a garage?	Yes	No
Customized Equipment?	Yes	No
If yes, please list and include amount:		
Co-Owners?	Yes	No
If yes, please list names:		
Do the drivers wear a helmet or any protective gear?	Yes	No
If yes, please list:		
Lo-Jack Installed?	Yes	No

DISCOUNTS

Homeowner? (Proof required with application)	Yes	No
If Mobile Home, > 10 years?	Yes	No
Motorcycle Safety Course within Three Years?	Yes	No
If yes, Please list Type of Course & Year it was completed:		
Motorcycle Association? (Proof required with application)	Yes	No
Auto/Home/Motor Home insured with Foremost, Zurich, Farmers, or Progressive?	Yes	No
If yes, please specify:		

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 turbo-charger or supercharger.

I have read the following paragraph to the applicant and they have given permission to continue:

The companies used by the WRC Agency collect information from credit history and loss reports for rating purposes. This information is shared only with the companies in which we quote. Do we have permission to order this information and provide you with proposal for coverage?

Agent Signature (Required)	Permission Given By: (Required)	Date: (Required)

Please list additional information if it was not stated above: