

SNOWMOBILE/MOTORCYCLE QUESTIONNAIRE

PRODUCER: _____

NAME: _____ PHONE #: _____

GARAGING ADDRESS: _____

IS SNOWMOBILE KEPT IN A GARAGE? YES NO

IS THE GARAGE LOCKED? YES NO

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

EMAIL: _____

IN CONNECTION WITH THIS QUOTATION FOR INSURANCE, WE MAY REVIEW YOUR CREDIT REPORT OR OBTAIN OR USE A CREDIT-BASED INSURANCE SCORE BASED ON THE INFORMATION CONTAINED IN THAT CREDIT REPORT. THE PERSON COMPLETING THIS FORM MUST INITIAL HERE _____ INDICATING THEY HAVE READ THIS STATEMENT AND PERMISSION IS GIVEN.

ACCIDENTS OR CONVICTIONS: _____

YEAR: _____ MAKE: _____ MODEL: _____

CC'S: _____ PURCHASE PRICE/VALUE: _____

VIN#: _____

ANTI-THEFT DEVICE? YES NO

HAS MOTORCYCLE BEEN ALTERED/CUSTOMIZED? _____

LIABILITY LIMIT: _____

COMPREHENSIVE: _____ COLLISION: _____

MEDICAL PAYMENTS: _____