

Motorcycle and Off-Road Vehicle

INSURANCE QUOTE REQUEST

Principal Named Insured Information

First Name: _____ Middle Name: _____ Last Name: _____
Home Phone Number: (_____) _____ Work Phone Number: (_____) _____
Email 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
Vehicle use: Pleasure/Commute Annual Miles ridden: _____
 Off road use Primary Use: Trail Riding Hunting Camping Fishing Other Recreation Household/Farming Other

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
How often do you ride? 5-7 Days Per Week 3-4 Days Per Week 1-2 Days Per Week 1-3 Days Per Month
Violations—All comprehensive claims, accidents (both at fault and not at fault), and violations for the last 35 months: _____

Underwriting Information

Association Name: None Harley Owners Group (HOG)® USAA Primary Residence: Own Home/Condo Own Manufactured 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: _____ USAA Membership Number: _____ HOG® Membership Number: _____

Coverage Information

Liability/Guest Passenger Limits: _____
Comp/Coll Deductibles: _____
Total Loss Coverage: _____
Trip Interruption: _____
Transport Trailer: _____
Roadside Assistance: _____

UM/UIM: _____
UMPD: _____
Med Pay: _____
Carried Contents®: _____
Enhanced Injury Protection: _____
Disappearing Deductible: Yes No

Accessory Coverage

Paint: \$ _____
Chrome: \$ _____
Wheels: \$ _____
Trike Kit: \$ _____
Saddlebags/Windshield: \$ _____
Pull Behind Trailer: \$ _____
Safety Apparel: \$ _____
Other: \$ _____
Total: \$ _____