

# Motorcycle and Off-Road Vehicle

INSURANCE QUOTE REQUEST—RELEASE 16

## 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 Driver license #: \_\_\_\_\_ Motorcycle endorsement?  Yes  No  
State filing:  Yes  No Approved safety course completion:  Yes  No License state: \_\_\_\_\_  
License plate number: \_\_\_\_\_ Years riding experience: \_\_\_\_\_ Second 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: \_\_\_\_\_ UM/UIM: \_\_\_\_\_  
Comp/Coll deductibles: \_\_\_\_\_ UMPD: \_\_\_\_\_  
Total Loss coverage: \_\_\_\_\_ Med Pay: \_\_\_\_\_  
Trip Interruption: \_\_\_\_\_ Carried Contents®: \_\_\_\_\_  
Transport Trailer: \_\_\_\_\_ Enhanced Injury Protection: \_\_\_\_\_  
Roadside Assistance: \_\_\_\_\_ Disappearing Deductible:  Yes  No

## Accessory coverage

Paint: \$ \_\_\_\_\_  
Chrome: \$ \_\_\_\_\_  
Wheels: \$ \_\_\_\_\_  
Trike Kit: \$ \_\_\_\_\_  
Saddlebags/Windshield: \$ \_\_\_\_\_  
Pull-behind Trailer: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_  
Safety Apparel: \$ \_\_\_\_\_

Send to: quotes@cbl.net