

Motorcycle, Snowmobile, Golf Cart, ATV, UTV Scooter, Moped Questionnaire

Full Name (First, MI, Last):	
Home Address:	
Phone Number & Email Address:	

Please provide the following information for EACH DRIVER:

Full Name:	
Date of Birth:	
Marital Status:	
Driver's License Number:	
Motorcycle Endorsement on DL:	Yes/No
Years Riding Experience:	
Safety Course Taken:	Type & Date:
Rider Associations/Memberships:	
List ALL auto & recreational vehicle accidents, tickets, claims & violations in the last 5 years:	

Please provide the following information for EACH VEHICLE:

Type:	Motorcycle/Trike/Snowmobile/ Golf Cart/ATV/UTV/Scooter/Moped
Year, Make & Model:	
CCs:	
VIN #:	
Annual Mileage:	
Purchase Year:	
Primary Driver:	
LoJack, ABS, Nitrus, Modified Frame or other features:	
Describe Existing Damage:	
Usage (commute, pleasure, racing, trail, etc):	
How often used during ride season:	
Zip Code where primarily used:	
Total Value (not including after-market parts or accessories):	Is this value a current Market Value, a Replacement Value, or a purchase receipt including tax & title fees value?
Value & Type of Accessories & After-Market Parts:	
Trailer Coverage Desired?	If yes, Year, Make, Model, Type & Value:

Current Insurance Info:

Current Insurance Company & Due Date:	
List ALL coverages:	BI/PD: Comp Deductible:
	Med Pay: Collision Deductible:
	UM/UIM BI: UMPD:
	Accessories:
	Other Coverages:
Loss Settlement Type:	Total Loss Replacement/Agreed Value/ACV

If not insured, please list reason & date coverage went out of force:

Additional Info:

Do you own a home or rent?	
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Date Questionnaire Completed: _____ **Completed By:** _____

If you have a copy of your current "Declaration Page", please forward that to us as proof of prior coverage and to use for comparison purposes.

Submission of information for a quote in no way binds coverage. Personal information will be used solely for underwriting purposes. Submission of information gives the Gary J Bach Agency permission to run all reports necessary to quote accurate insurance premiums.

Please return this form to Gary J Bach Agency 1107 N Blackhawk Blvd Ste A Rockton, IL 61072

Fax: 815-624-0673 Email: GJB@BachInsurance.com or Call: 815-624-0663

Please tell us how you heard about our office: