

## Safeco Motorcycle Quick Quote Information Request

### Rider Information:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

D.O.B. \_\_\_/\_\_\_/\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Phone: \_\_\_\_\_

Marital Status:  Married  Single Gender:  Male  Female

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many years experience does this rider have on street and/or off road vehicles? \_\_\_\_\_

Driving Record: (MC or Auto activity prior 35 months)

Minors/Majors/Speeds: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has this rider had a current motorcycle endorsement for the last 3 years?  Yes  No

MC Safety Foundation Course?  Yes  No

Mature Driver Improvement Course?  Yes  No

Member of MC Association?  Yes  No

Accidents (AF/NAF): \_\_\_\_\_

\_\_\_\_\_

### Vehicle Information:

Garaging Address (if different from above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ CC (engine size): \_\_\_\_\_

Value? \_\_\_\_\_ (required if Phys Damage is requested on Limited Production Cruisers or cycles older than 25 yrs)

Is this vehicle garaged?  Yes  No

### Policy Information:

Other Safeco personal lines policy?  Yes  No

Current motorcycle insurance?  Yes  No

Current Carrier: \_\_\_\_\_ # of Months: \_\_\_\_\_ Expiration date of current policy: \_\_\_/\_\_\_/\_\_\_

### Coverage Information:

BI/PD/GST: \_\_\_\_\_

CPE Coverage (No charge for 1st \$3,000 - items must be listed for cov to exist)

MED: \_\_\_\_\_

\_\_\_\_\_

UM/UIM: \_\_\_\_\_

\_\_\_\_\_

UMPD: \_\_\_\_\_

\_\_\_\_\_

COMP/COLL: \_\_\_\_\_

\_\_\_\_\_

RD ASST: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_