

MOTORCYCLE INSURANCE QUOTE FORM

DATE: _____

Name(s) _____ Address: _____

City _____ State _____ Zip _____ email: _____

Phone Number _____

Is home address a _____ House _____ Mobile Home _____ Apt. Do you _____ Own, or _____ Rent?

Do you operate motorcycle in Mexico? _____ If yes, how frequently? _____

LIST ALL OPERATORS OF YOUR MOTORCYCLE:

Name	DOB	Sex	Mar/Sgl	St. License #	"M" license endorsement?	Occupation
1)						
2)						
3)						

Possible Discount: Do you have proof of a Motorcycle Safety Foundation Course taken within the past 3 years? _____ Y _____ N

Tickets & Accidents (Please list):

NOTE: Tickets count for 3 years; accidents: count for 5 years. Parking tickets don't count. List at-fault AND not-at-fault accidents. A not-at-fault accident is one where the OTHER driver received the ticket and paid damages on your auto and/or your injuries. Claimed not-at-fault accidents require a supporting proof.

Operator:

- 1)
- 2)
- 3)

MOTORCYCLE(S):

_____ Year Make & Model # CC Serial # Custom Features? Alarm? Type*

- 1)
- 2)
- 3)

*Examples: Sports, Cruiser, Touring

Use: _____ Pleasure only _____ Pleasure & To & from work _____ Other _____

Garaged when not in use? _____ Y _____ N

NOTE: If any motorcycle is used for RACING, we cannot offer you coverage at this time.

Is any motorcycle used in shows? _____ If yes, describe: _____

CURRENT INSURANCE:

Ins. Company _____ Exp. Date? _____ How long continuously insured? _____

Any claims in past 3 years? _____ If yes, describe: _____

COVERAGE YOU WANT US TO QUOTE:

_____ BI & PD LIABILITY with limits of _____	Cycle # _____
_____ Comprehensive (other than collision) with DEDUCTIBLE of \$ _____	Cycle # _____
_____ Collision with DEDUCTIBLE OF \$ _____	Cycle # _____
_____ Uninsured/Underinsured Motorist Bodily Injury of _____	Cycle # _____
_____ Uninsured/Underinsured Motorist Property Damage of _____	Cycle # _____
_____ PIP with Limit of \$ _____ or Medical Pmts \$ _____	Cycle # _____
_____ Towing & Roadside Service	Cycle # _____

See Coverage Information screen for help with coverage options shown above.

CAN WE QUOTE OTHER INSURANCE: _____ HOMEOWNERS _____ LIFE _____ HEALTH _____ MEDICARE PLANS
_____ MOBILE HOME _____ AUTO _____ RV/MOTOR HOME _____ DENTAL _____ Other _____

Return completed information to us by: email, FAX, Mail or call-in:

AIM Insurance Agency, P.O. Box 370267, El Paso, TX 79937-0267, PHONE 915/598-2355

Email: info@aiminsuranceelpaso.com

FAX: 915/598-8207

PRIVACY STATEMENT: Personal information obtained for your quote is shared only with the insurance companies we ask for quotes and is not sold or divulged to other parties.