



MICHIGAN Motorcycle & ATV Quote Request

Fax to 1-888-767-0826
Email to gga@thehelpfulpeople.com

Please send the quote back
to my office via:

☐ Fax ☐ E-mail

Requested Effective Date ____ / ____ / ____ ☐ I am interested in a Personal Umbrella for this customer.

Customer Name	
Location Address	City, State, Zip
Mailing Address	City, State, Zip
Agency Code	Agency Fax
Agency Name	Agency Phone
Contact Name	Contact E-mail

Customer Date of Birth ____ / ____ / ____ Social Security Number*

★PLEASE READ TO CUSTOMER. If a Social Security Number is provided we are assuming the customer read the following disclosure and agrees to the following: In connection with this quote for insurance, the individual insurance companies may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. They may use this information to decide whether to insure you or how much to charge. They may use a third party in connection with the development of your credit score.

The customer agrees to have their credit report run, but the customer did not provide a Social Security Number. ____ (initial)

Liability Limits (PD Cannot Exceed Per Person BI Limit)

Bodily Injury	Property Damage	Uninsured Motorist	Medical Payments
____ 20/40 ____ 25/50	____ 10,000 ____ 25,000	____ None ____ 20/40	Available in \$5,000 increments. Maximum \$80,000
____ 50/100 ____ 100/300	____ 50,000 ____ 100,000	____ 50/100 ____ 100/300	____ None
____ 250/500 ____ 500/500	____ 200,000	____ 250/500 ____ 500/500	Amount \$_____

How many policies does this customer have written through your agency? _____

Unit 1

Unit 2

Year of Unit		
Make of Unit		
Model		
CC Size		
V.I.N. (if available)	Unit 1	Unit 2
Date Purchased		
Purchase Price		
Trike?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Trike Conversion – Manufacturer/Model/Year		
State Assigned V.I.N.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kept in locked garage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Used on road?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No*
*If no, number of wheels		
Audible Theft Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Replacement Cost? (Street units 2 years or newer)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Value of Accessories		
Safety Apparel/ Towing/ Travel Loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental Reimbursement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transport Trailer (\$100 min)		

Deductible (OTC / Coll.)

Unit 1 ____ / ____ Unit 2 ____ / ____

Use only genuine manufacturer's parts for covered repairs?
(5 years or newer. Dairyland Only)

☐ Yes ☐ No

Operator 1

Operator 2

Name		
Date of Birth		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Married?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Motorcycle Experience (road)	____ years	____ years
Motorcycle Endorsement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SR22 Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Motorcycle primarily ridden	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Excluded	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Excluded
Motorcycle Association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeowners Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior motorcycle insurance expiration date / Policy #		
Prior carrier name		
MSF Safety Course? (3 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Accidents/Violations (List all tickets/accidents and date for each operator)

Driver #	Acc/Ticket	Date	Loss Amount