

PACIFIC INTERNATIONAL UNDERWRITERS

Phone: 800-562-8403 or 425-771-8988

Fax: 425-776-5802

Motorcycle / ATV Quick Quote Sheet

Date _____ Agency _____ Attn: _____

Fax: _____ Phone _____ Email _____

Applicant's name _____ SSN#: _____

Garaging address _____

Year _____ Make _____ Model _____

CC Size _____ Vin# _____

List all operators' driving records in the past (3) years with DOB & violations. Quote is based upon youngest driver information.

Operator #1 Married Single DOB _____ Driving Record: _____

Operator #2 Married Single DOB _____ Driving Record: _____

Years Experience: _____ Current Carrier/Exp Date _____ Date purchased: _____

Discounts: (mark those that apply):

Safety Course (Date Completed): _____ / _____

Garaged

Valid MC Endorsement

Homeowner

Motorcycle Association Member (list association) _____

Coverage	Limits	Premium
Liability BI/PD		
Comprehensive	Ded	
Collision	Ded	
Medical		
UM/BI		
UM/PD		
SR-22 Filing		
Accessories (Value)		
	Total	

Notes (internal use only)