

Motorcycle and Off-Road Vehicle

INSURANCE QUOTE REQUEST—RELEASE 9

PROGRESSIVE®

Principal Named Insured Information

First Name:	_____	Middle Name:	_____	Last Name:	_____
Home Phone Number: (_____)	_____	Work Phone Number: (_____)	_____		
E-mail Address:	_____	Current Mailing Address:	_____		

Vehicle Information

Policy Type:	Motorcycle/ATV	Snowmobile	Vehicle Type:	Motorcycle/Trike	ATV	Dirt Bike	Moped/Scooter		
VIN:	_____			Golf Cart	3-Wheel Alternative Vehicle	Segway®			
Year:	_____	Make:	_____	Model:	_____		CC Size:	_____	
Is the motorcycle a trike?	Yes	No	Anti Lock Brakes?	Yes	No	Purchase Year:	_____	Garaging Zip Code:	_____
Special Hazard:	Yes	No	Turbo or Nitrous Oxide Kit	Modified Frame		LoJack device installed on this vehicle?	Yes	No	
Vehicle use:	Pleasure/Commute	Annual Miles ridden:	_____						
	Off road use	Primary Use:	Trail Riding	Hunting	Camping	Fishing	Other Recreation	Household/Farming	Other

Driver/Violation Information (any operator in or outside the household with regular access to insured vehicle more than 12 times per year)

First Name:	_____	Middle Name:	_____	Last Name:	_____	Suffix:	_____	
Date of Birth:	/ /	Social Security Number:	_____		Gender:	_____		
Marital Status:	Married	Single	Other:	_____	Relationship:	_____		
Driver's License Status:	Valid	Permit	Suspended	No License	Motorcycle Endorsement?	Yes	No	
State Filing:	Yes	No	Approved Safety Course Completion:	Yes	No	License State:	_____	
License Number:	_____		Years Riding Experience:	_____		2nd Named Insured:	Yes	No
How often do you ride?	5-7 Days Per Week	3-4 Days Per Week	1-2 Days Per Week	1-3 Days Per Month				
Violations—All comprehensive claims, accidents (both at fault and not at fault), and violations for the last 35 months:								

Underwriting Information

Association Name:	None	Harley Owners Group (HOG)®	Primary Residence:	Own Home/Condo	Own Mobile Home (10 years old or newer)	
Other Policies with Progressive:	Yes	No	Rent	Live with Parents	Other:	
Prior Motorcycle Liability Insurance:	Yes	No	Prior Motorcycle Carrier:	_____	Prior Policy Period Expiration Date:	/ /
Reason for New Progressive Policy:	_____		HOG® Membership Number:	_____		

Coverage Information

Liability/Guest Passenger Limits:	_____
UM/UIM:	_____
UMPD:	_____
Med Pay:	_____
Comp/Coll Deductibles:	_____
Total Loss Coverage:	_____
Roadside Assistance:	Disappearing Deductible: Yes No
Trip Interruption:	_____
Transport Trailer:	_____

Accessory Coverage

Paint:	\$
Chrome:	\$
Wheels:	\$
Trike Kit:	\$
Saddlebags/Windshield:	\$
Pull Behind Trailer:	\$
Safety Apparel:	\$
Other:	\$
Total:	\$

Progressive uses information from you and other sources, such as your driving and claims histories, to calculate an accurate price for your insurance. Progressive will also obtain your credit report and use a credit-based insurance score based on the information contained in that report. New or updated information may be used to calculate your renewal premium. Its Privacy Policy explains how Progressive discloses and protects your personal information and how you may access and correct it. Your agent can provide a copy of the Privacy Policy and the names and addresses of other sources of information at your request.

Connecticut customers may request that Progressive consider an extraordinary life circumstance within the last three years, if it has adversely affected your credit history, by calling 1-800-822-4763. This may include a catastrophic illness or injury, divorce, death of a spouse, child or parent, unemployment, identity theft, or damage to your home making it uninhabitable. Vermont customers sign here to consent to this collection and use of credit and other information: _____

Note To Agent: Not all programs and features are available in every state and the specifics of each program feature may vary by state. Please refer to your state page on ForAgentsOnly.com for details.

11A00316.MC (04/11)