

## MOTORCYCLE QUESTIONNAIRE

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Soc. Sec #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation \_\_\_\_\_

Current Insurance Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**COMPLETE INFORMATION for Motorcycles and Trailers:**

Unit	Year	Make	Model	Horsepower or CC's	Value
1					
2					
3					
4					

Unit	Vehicle ID Number
1	
2	
3	
4	

Please list all operators:

Name	Date of Birth	Drivers License #	Courses Taken	Years Oper. Experience
1:				
2:				
3:				
4:				

Any claims in the last 5 years? If so, describe: \_\_\_\_\_

List any Tickets or Accidents (indicate At-fault or Not-At-Fault) for each driver and dates of each, or mark None:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Please return to Szura Insurance Services for your no-obligation Quote!**

Call us at 248-651-4487

Email: [bhorning@szuraagency.com](mailto:bhorning@szuraagency.com)

Fax: 248-651-3751

Mail: Szura Insurance Services, 109 E. Fourth St., Rochester, MI 48307

***Thank you!***