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CAPITAL INSURANCE SERVICES

www.capitalinsurance.com

Motorcycle Quote Sheet

Name: _____ Spouse Name (if applicable): _____
 Phone: _____ E-Mail: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Date of birth: ___/___/___ SSN*: _____ (Spouse) Date of birth: ___/___/___ SSN*: _____
 Driver's license#: _____ (Spouse) Driver's license#: _____
 # of years cycle experience: _____ (Spouse) # of years cycle experience: _____

Youthful Operators:

Name: _____ Date of birth: ___/___/___ Driver's license#: _____
 # of years cycle experience: _____

Motorcycle Information

Cycle	Year	Make/Model	CC's	Vehicle Identification #	Purchase Price Or A.C.V.
1					
2					
3					

Current Limits of Liability: (Listed in thousands)

Bodily Injury: _____ Property Damage: _____
 Underinsured / Uninsured Motorist: _____

Coverages

	Cycle 1	Cycle 2	Cycle 3
Liability Only			
Comprehensive Deductible			
Collision Deductible			
Roadside Assistance			
Accessories Coverage			

Do any operators ride without a helmet? _____

Optional Discounts:

Do you own a home? _____ Are you switching from another carrier? _____

Do you belong to an association? _____

List any operators that have taken a motorcycle safety course: _____

Current motorcycle carrier: _____ Expiration date: _____

**Your social security number will only be used for obtaining an insurance score only and is necessary to give you an accurate quote. This has no impact on your credit score.*