

**Motorcycle Quote**

Fax Back To #: ( 561 ) 327 - 5117

Attn: \_\_\_\_\_

DRIVER # 1 \_\_\_\_\_ DRIVER # 2 \_\_\_\_\_

DOB \_\_\_\_\_ DOB \_\_\_\_\_

DL # \_\_\_\_\_ State \_\_\_\_\_ DL # \_\_\_\_\_ State \_\_\_\_\_

SSN # \_\_\_\_\_ SSN # \_\_\_\_\_

Address: \_\_\_\_\_

Own \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Rent \_\_\_\_\_

Any driver violations or at-fault accidents in the last 3 years list below:

Driver #	what was Ticket or Violation	Date of Occurrence?
_____	_____	_____
_____	_____	_____
_____	_____	_____

**VEHICLE INFORMATION**

VEH # 1 YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

VIN# \_\_\_\_\_ ENGINE CC \_\_\_\_\_

PRIOR INSURANCE ? YES OR NO NAME OF COMPANY \_\_\_\_\_

Do not write below this line

**COVERAGES** ( State minimums quoted as standard. Changes to coverage quoted as requested )

LIABILTIY LIMITS \_\_\_\_\_

COLLISION DEDUCTIBLE \$ \_\_\_\_\_ COMPREHENSIVE DEDUCTIBLE \$ \_\_\_\_\_

QUOTE & PAYMENT PLAN \$ \_\_\_\_\_ DOWN & \_\_\_\_\_ PAYMENTS OF \$ \_\_\_\_\_

**\*\*TOTAL PREMIUM ESTIMATE INCLUDING ANY POLICY FEES \$ \_\_\_\_\_**

MAKE ALL CHECKS PAYABLE TO : **Seaside Powersports**

**\*\*THIS PREMIUM ESTIMATE IS BASED UPON INFORMATION PROVIDED BY YOU, THE CUSTOMER, AND IS VALID FOR 30 DAYS. BINDING OF COVERAGE IS SUBJECT TO HOME OFFICE UNDERWRITING (INCLUDING FINANCIAL RESPONSIBILITY, DRIVING RECORD, CLUE REPORT, APPROVAL, PHOTOS AND APPLICATION VERIFICATION). PERSONNELL AT THE DEALERSHIP HAS NEITHER THE AUTHORITY NOR THE ABILITY TO DISCUSS COVERAGES, OR BIND POLICIES. ANY SPECIFIC QUESTIONS SHOULD BE DIRECTED TO US AT THE PHONE NUMBER LISTED ABOVE. \*\*\*\*\* PLEASE NOTE THAT THERE IS NO COVERAGE BOUND UNTIL YOU RECEIVE THE PRINTED BINDER CONFIRMATION FROM iNet\*\*\*\*\***