

Motorcycle/ATV Insurance Application**Maggie's Management, LLC • Phone: 877-866-1384 ext. 2165 • FAX: 877-297-5439***Please fax completed application along with the declarations page(s) of your current policy to: 877-297-5439***1. INSURED INFORMATION**

First Name:	Last Name:	MI:	Soc. Sec. #:
Date of Birth:	Home Phone:	Marital Status:	
Street:		Apt #/Floor:	Rent/Own:
City:	State:	Zip:	County:
Co-applicant First Name:	Last Name:	MI:	Soc. Sec. #:
	Date of Birth:		
Have you moved in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list prior address:			
Current Insurance Carrier Name:		Years with Carrier:	
DESIRED LIMITS Bodily Injury:		Property Damage:	
DESIRED DEDUCTIBLES Comprehensive:		Collision:	

2. DRIVER INFORMATION (Please complete for each driver you want to insure)

Driver 1			Driver 2		
Name:			Name:		
Gender:	Date of Birth:	Marital Status:	Gender:	Date of Birth:	Marital Status:
Date Licensed:		Years of Riding Experience:	Date Licensed:		Years of Riding Experience:
License Number & State:			License Number & State:		
Social Security Number:			Social Security Number:		

3. MOTORCYCLE INFORMATION (Please complete for each motorcycle you want to insure)

Motorcycle 1			Motorcycle 2		
Vehicle ID Number (VIN):			Vehicle ID Number (VIN):		
Year:	Make:	Model:	Year:	Make:	Model:
Sub-Model:	CC's:	Annual Mileage:	Sub-Model:	CC's:	Annual Mileage:
Type: <input type="checkbox"/> Motorcycle <input type="checkbox"/> Trike <input type="checkbox"/> ATV <input type="checkbox"/> Scooter/Moped <input type="checkbox"/> Golf Cart <input type="checkbox"/> Segway <input type="checkbox"/> Kit/Homemade/State Assigned VIN			Type: <input type="checkbox"/> Motorcycle <input type="checkbox"/> Trike <input type="checkbox"/> ATV <input type="checkbox"/> Scooter/Moped <input type="checkbox"/> Golf Cart <input type="checkbox"/> Segway <input type="checkbox"/> Kit/Homemade/State Assigned VIN		
Garaging Zip Code:	Cost New: \$		Garaging Zip Code:	Cost New: \$	
Market Value: \$		Optional Equipment Value: \$	Market Value: \$		Optional Equipment Value: \$
Air Bags: <input type="checkbox"/> Yes <input type="checkbox"/> No	Anti-lock Brakes: <input type="checkbox"/> Yes <input type="checkbox"/> No		Air Bags: <input type="checkbox"/> Yes <input type="checkbox"/> No	Anti-lock Brakes: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Unit: <input type="checkbox"/> Turbo Charged <input type="checkbox"/> Super Charged			Is Unit: <input type="checkbox"/> Turbo Charged <input type="checkbox"/> Super Charged		
Do you belong to a motorcycle association? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you belong to a motorcycle association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Association Name:			Association Name:		
Have you completed a motorcycle safety course? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you completed a motorcycle safety course? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date completed:			Date completed:		
Type of Anti-Theft System:			Type of Anti-Theft System:		
Is Unit stored in a locked facility?: <input type="checkbox"/> Yes <input type="checkbox"/> No			Is Unit stored in a locked facility?: <input type="checkbox"/> Yes <input type="checkbox"/> No		

4. DRIVING HISTORY Please list ALL accidents and violations for ALL drivers in the last 36 months (At-Fault, Not-at-Fault, Moving Violations, etc.)

Driver:	Date:	Type:
Driver:	Date:	Type:
Driver:	Date:	Type:

INFORMATION RELEASE FORM

As part of the application process in obtaining the insurance coverage you are requesting from licensed insurance carriers of Maggie's Management LLC, Maggie's Management LLC and/or its licensed carriers may order one or more consumer reports. A consumer report may contain information on credit history, medical conditions, driving records, criminal activity and hazardous sports, among other things.

Under the Fair Credit Reporting Act, Maggie's Management LLC and/or its licensed carriers may review consumer reports to evaluate anyone who applies for this insurance. In the event that coverage is denied to you based wholly or partly on information in a consumer report you will be notified of this fact and given the name and address of the consumer reporting agency making the report.

In consideration of the above, your signature below acknowledges your release for Maggie's Management LLC and/or its licensed insurance carriers to order one or more consumer reports in your name.

Signature

Date

Signature

Date