Personal Insurance Quote Questionnaire — Motorcycle

Fill in what you know — leave blanks for anything you're unsure of. An agent will gladly help with the rest.

Your Contact Info

Coverages you want quoted

☐ Auto ☐ Homeowners ☐ Renters ☐ Condo / Townhome (HO-6) ☐ Landlord / Rental Dwelling ☐ Mobile / Manufactured Home
☐ Personal Umbrella ☑ Motorcycle ☐ Boat & Watercraft ☐ RV / Motorhome / Travel Trailer ☐ ATV / UTV / Golf Cart
☐ Collector / Classic Car ☐ Jewelry & Valuables ☐ Life Insurance ☐ Probate Bond

Full Name | **Date of Birth** | **Preferred Office**

Email | **Phone** | **Best Time to Reach You**
Options: Morning · Midday · Afternoon · Evening · Any time

Marital Status
Options: Single · Married · Domestic partner · Widowed · Divorced · Separated

Occupation / Employer

Spouse / Co-Applicant Name (if any) | **Spouse / Co-Applicant Date of Birth** | **Spouse / Co-Applicant Phone**

Your Address

Home Street Address | **City** | **State**

ZIP | **County** | **Do You Own or Rent Your Home?**
Options: Own · Rent · Live with family · Other

Mailing Address (if different) | **Years at This Address**

Current Insurance

Bundling often saves money. Tell us who insures your auto and home today, even if you only want one of the coverages below quoted.

Current Auto Insurance Company | **Current Home / Renters Insurance Company**

Date You Want Coverage to Start | **Current Policy Expiration (if any)**

Has any insurance company cancelled, refused or non-renewed a policy for anyone in your household in the past 5 years? ☐ **Yes** ☐ **No** — If yes, please explain

Claims (past 5 years)

Any insurance claims or losses in the past 5 years for anyone in your household? ☐ **Yes** ☐ **No**

#	Date	Type of Claim	What Happened	Amount Paid
1				
2				
3				

Type of Claim: Home / Property / Auto / Water damage / Theft / Liability / Weather / Hail / Wind / Flood / Other

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Fill in what you know — leave blanks for anything you're unsure of. An agent will gladly help with the rest.

Riders, Drivers & Operators

List everyone who will ride, drive or operate the vehicles or watercraft below. You only need to list each person once.

#	Name	Date of Birth	Driver's License # (optional)	State	Years Experience	Tickets / Accidents (5 yrs)
1						
2						
3						
4						

State: NC / SC / GA / TN / WV / Other

Has anyone completed a motorcycle or boating safety course? ☐ Yes ☐ No

If yes, please explain

Motorcycles

#	Year	Make / Model	VIN (optional)	Engine (cc)	Type	Value
1						
2						
3						

Type: Cruiser / Touring / Sport / Standard / Dual-sport / Trike / Scooter / Moped / Custom

Custom Parts & Accessories (value)

Where Is It Kept?

Options: Locked garage · Carport · Driveway / outdoors · Storage unit

Months Ridden per Year

Options: All year · 6–9 months · Under 6 months

Coverage

Options: Full coverage (comprehensive & collision) · Liability only · Not sure

Notes & Authorization

Additional Notes or Questions for Your Agent

Helpful to include: current declarations pages, appraisals for valuables, and (for probate bonds) the court order showing the bond amount. Please do NOT write bank account or payment card numbers on this form. Social Security numbers belong only in the Probate Bond boxes.

DISCLAIMER: This worksheet is for quotation purposes only and does not bind coverage. By signing, you authorize Maxwell B. Hamrick Insurance Agency, Inc. and the insurance companies and surety companies it represents to obtain claims history, motor vehicle reports, insurance scores and (for bonds) credit information as needed to prepare accurate quotes.

Signature (type full name)

Date

Return completed form to state@mbhamrickins.com — or bring to Boiling Springs or Shelby — Questions? 1-800-993-3800