

Agent Code _____

Client Code _____

Date Needed _____

Motorcycle Quote - Return to info@kielyhines.com or f) 502-897-1533

Name _____

Address _____ Current Carrier _____

City _____ State _____ Zip _____ Expiration Date _____

County _____ Phone # _____

E-MAIL: _____

Years of Cycling Experience _____ **Safety Course Credit** _____

	Operators	DOB/age	Sex M/F	Married/Single Widow/Divorce	Drivers License #
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

	Operators	Occupation	# of Yrs	SS#	Accidents/Tickets (Date/Briefly explain)
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

	Cycles (Year, Make, Model)	CC Size	Cycle Identification Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

COVERAGES

Liability Limits _____

Comprehensive Deductible:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

UM/UIM _____

Collision Deductible:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

PIP/MED PAY _____

Value of Cycle _____ Cycle Garaged? _____

***Need PIP and UM/UIM Rejection Notices Signed if not desired.**