

MOTORCYCLE or SCOOTER INSURANCE APPLICATION
(COMPLETE AND FAX TO: 786-293-3669)

Please complete your request by submitting the form below.

* Denotes required field

1. Owner/Operator Information

* First name:

* Last name:

Date of birth: (mm/dd/yyyy)

Are you: Male Female

Marital Status: Single Married Widowed Divorced

Social Security Number: (Omitting your Social Security Number may impact your estimated premium amount in states where Foremost uses insurance scores as a rating factor.)

Phone Number: () -

You can call me at this number to discuss this insurance estimate: Yes No

* Garaging Street Address:

* City: * State: * Zip Code:

Number of years you have operated a motorcycle:

Do you have a motorcycle endorsement on your driver's license? Yes No

Have you had any accidents or moving violations in the past three years? Yes No

If yes: state where Accident 1 occurred: Date it occurred:

If you have additional accidents you may enter them here:
state where Accident 2 occurred: Date it occurred:

state where Date it

Accident 3 occurred:
occurred:

Details
of
accident

Do you belong to any motorcycle groups or associations? Yes No

If yes, please name the group:

Have you received a certificate of completion
for taking a motorcycle safety course? Yes No Date Completed:

2. Motorcycle Information

Year: Make: Model: Displacement (cc):

Value:

Date purchased:

 (mm/dd/yyyy)

Is this motorcycle turbocharged or supercharged?

Yes No

Miles driven each year:

Does the bike value include more than
\$7,500 in optional equipment?

Yes No

Have you had insurance on this type of vehicle for the past six months ?

Yes No

Are you requesting liability-only coverage on this motorcycle?

(Answering 'Yes' to this question means Collision, Comprehensive coverage and
Optional Equipment Coverage will NOT be included for this motorcycle.)

Yes No