

LBS Insurance Group

Motorcycle/ATV Insurance Quote Form

You may complete this form and send it to us using our secure server by clicking on the "Submit" button below or you may fill in the information, print the form from your browser window by clicking "Print Page" button above and mail or fax the form to:



LBS Insurance Group
303 West Main Street
P.O. Box 498
Ashland, WI 54806-0498
Phone: 715-682-6197
Fax: 715-682-6312
www.lbsinsurancegroup.com

* Denotes Required Field

Personal Information

*Name:
*Address:
*City: *State: *Zip Code:
*Day Phone: *Evening Phone: Ex: 920-111-2222
Best Time to Call:
*E-Mail Address:
*Confirm E-Mail Address:
*Residence Status:

Current Motorcycle/ATV Insurance Information

Company Name *(not agency)*:
Policy Number:
Number of years with current policy:
Policy Expiration Date: Ex: 01/12/2007
Premium Amount \$:
Term: 6 Months 1 Year Other:

Motorcycle/ATV Information

Include all motorcycles you or your family own or lease.

Cycle/ATV #1

Year: Make: Model: Body Type:
Vehicle ID # (VIN): Annual Mileage:
Drive To: Number of Miles *(one way)*: Cycle/ATV Kept in Garage?:
Name of Title Holder: Vehicle Alarm?: Wear Helmet?:

If the vehicle is kept at an address other than the one above, please indicate below.

Location City: State: Zip Code:

Liability Limit for All Vehicles

Choose either Bodily Injury **AND** Property Damage, **OR** Single Limit

Bodily Injury:

Property Damage:

Single Limit:

Deductibles and Miscellaneous

	Comprehensive Deductible	Collision Deductible	Towing	Loss of use
Cycle/ATV #1			Yes	Yes
Cycle/ATV #2			Yes	Yes
Cycle/ATV #3			Yes	Yes
Cycle/ATV #4			Yes	Yes
Cycle/ATV #5			Yes	Yes
Cycle/ATV #6			Yes	Yes

Driver Information

Include all licensed drivers in your household.

Driver #1

Full Name:

Marital Status:

Social Security Number:

Ex:111-11-1111 **Licensing State:**

Driver's License Number:

of Years Licensed:

Relation to You:

Date of Birth:

Sex:

Courses Completed Last Three Years (*must provide proof*):

If more than one course has been completed, specify in the "Additional Comments" section below.

Driver #2

Full Name:

Marital Status:

Social Security Number:

Ex:111-11-1111 **Licensing State:**

Driver's License Number:

of Years Licensed:

Relation to You:

Date of Birth:

Sex:

Courses Completed Last Three Years (*must provide proof*):

If more than one course has been completed, specify in the "Additional Comments" section below.

Driver #3

Full Name:

Marital Status:

Social Security Number:

Ex:111-11-1111 **Licensing State:**

Driver's License Number:

of Years Licensed:

Relation to You:

Date of Birth:

Sex:

Courses Completed Last Three Years (*must provide proof*):

If more than one course has been completed, specify in the "Additional Comments" section below.

Driver #4

Full Name:

Marital Status:

Social Security Number:

Ex:111-11-1111

Licensing State:

Driver's License Number:

of Years Licensed:

Relation to You:

Date of Birth:

Sex:

Courses Completed Last Three Years *(must provide proof):*

If more than one course has been completed, specify in the "Additional Comments" section below.

Driver #5

Full Name:

Marital Status:

Social Security Number:

Ex:111-11-1111

Licensing State:

Driver's License Number:

of Years Licensed:

Relation to You:

Date of Birth:

Sex:

Courses Completed Last Three Years *(must provide proof):*

If more than one course has been completed, specify in the "Additional Comments" section below.

Driver #6

Full Name:

Marital Status:

Social Security Number:

Ex:111-11-1111

Licensing State:

Driver's License Number:

of Years Licensed:

Relation to You:

Date of Birth:

Sex:

Courses Completed Last Three Years *(must provide proof):*

If more than one course has been completed, specify in the "Additional Comments" section below.

Driver History

*Please list ANY convictions for ANY driver **who convicted of moving traffic violations in the past 5 years***

Driver # (from above)	Date <i>Ex. 01/15/2007</i>	Type of Conviction	MPH Over Limit
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*Please list ANY driver who has had **license suspensions, revocations or DUI convictions***

Driver # (from above)	License Status	DUI Conviction for Driver #
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Please list ANY driver **involved in any accidents**, regardless of fault, in the past 5 years

Driver # (from above)	Date Ex:01/12/2007	Accident Description	Cost:	At Fault?
			\$	No
			\$	No
			\$	No
			\$	No
			\$	No
			\$	No

Additional Comments

Please provide any additional comments that you feel would be appropriate for this quotation. If you have additional information to provide, where there were not enough fields above:

*Acknowledgement and Consent

I hereby certify that the above information is complete and accurate to the best of my knowledge. The agency receiving this application will retain the application whether or not a policy is issued. The agency may rely on this application when determining the quotation and when deciding whether to issue a policy. False statements may subject me to criminal penalties. I authorize the agency to obtain motor vehicle reports, loss reports and credit reports about me on an ongoing basis during this quotation and policy period and to check my motor vehicle and driving record on an ongoing basis during the term of the quotation and policy period.

If a policy is issued, I authorize the agency to give information about me to its affiliates. **Yes No**

***Enter Your Initials Here:**

***Today's Date:**

EX: 01/12/2007

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