MOTORCYCLE INSURANCE WORKSHEET
THIS IS NOT AN APPLICATION!

Thum Insurance Agency, L.L.C.
3140 3 Mile Rd NE
Grand Rapids, MI 49525-3165
800-866-0777 Fax: 616-957-1204

Call or fax this worksheet for a proposal. Call to bind coverage.
This is simply a worksheet to gather information for a quotation.

Agent Certification

Producer Name: _____

Address: _____

_____

Contact: _____ Agency Code: _____

Phone Number: _____ Fax: _____

Registration State & Zip Code: _____

Applicant:
First Name: _____ M.I. _____ Last Name _____ Phone: _____

Co-Applicant:
First Name: _____ M.I. _____ Last Name _____ Phone: _____

Is Co-Applicant living in same Household? [ ] Yes [ ] No – explain relation _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
Principal Garaging/Storage
Location: (if not same as mailing) _____ City: _____ State: _____ Zip: _____
Registration
Address: _____City: _____ State: _____ Zip: _____

Driver Information (complete for all drivers)

Name	Birth Date Mo./Day/Yr.	Sex	Marital Status	Driver's License # (Valid U.S. or Canadian)	ST	Social Security #	# of years operating MCs	# of all violations in the past 36 Months At-fault]	Minor]	Major
		[ ] M [ ] F	[ ] S [ ] M							
		[ ] M [ ] F	[ ] S [ ] M							
		[ ] M [ ] F	[ ] S [ ] M							

List Violations on Page 2

Vehicle Information

Year	Make / Model	CC Size	Vehicle ID #	Current Value	Purchase Price
				$	$

Year	Make / Model	CC Size	Vehicle ID #	Current Value	Purchase Price
				$	$

Custom Parts and Equipment

Describe additional custom parts and equipment: Total Value CPE: $ _____

*Pictures required to ISSUE custom motorcycle policies

Coverages Worksheet

Base Limits **Motorcycle** – Full Package **[ ]** BI/PD & UM/UIM BI/PD and basic medical only **[ ]**

Full Package Includes the following:

$100,000/$300,000 BI (Guest passenger coverage Included)
$100,000/$300,000 UM/UIM BI
Basic PIP / Medical payments
Comprehensive less $500 deductible
Collision less $500 deductible
Roadside assistance coverage

OPTIONAL LIMITS – for all age & marital status groups

Deductibles

Comprehensive [ ] $100 [ ] $250 [ ] $1,000
Collision [ ] $100 [ ] $250 [ ] $1,000

*** Bodily Injury & Property Damage** (guest passenger coverage included)

[ ] $50,000/$100,000 [ ] $250,000/$500,000
[ ] $300,000 combined single limit [ ] $500,000 combined single limit
[ ] Other _____

*** UM/UIM Bodily Injury**

[ ] $50,000/$100,000 [ ] $250,000/$500,000
[ ] $300,000 combined single limit [ ] $500,000 combined single limit
[ ] Other _____

Medical Payments (per person)

[ ] $1,000
[ ] $2,500
[ ] $5,000
[ ] $10,000

Additional Coverages

Custom Parts & Equipment: Included $1,000

[ ] Additional amount desired _____ (round to the nearest thousand)

[ ] Agreed Value Coverage (only available on certain models & years)

Discounts – Discounts may not be applicable in all states. **Proof of applicable documentation will be required.**

Current Homeowner? _____ **(proof required)** **Current Insurance on MC?** _____ **(Proof required)**

Underwriting Questions

	Yes	No
1. Is the motorcycle the only motorized vehicle in the household?	[ ]	[ ]
2. Do you currently own or rent a home?	[ ]	[ ]
3. Do you currently have a Homeowners/Tenant Policy?	[ ]	[ ]
4. Is or will the unit be rented or leased?	[ ]	[ ]
5. Is or will the unit be used strictly for pleasure?	[ ]	[ ]
6. Is or will the unit be used in connection with any operators business or profession?	[ ]	[ ]

7. What is the estimated annual mileage? _____

8. **Please list an explanation of all accidents and violation within the past three years.**

The undersigned hereby warrants and certifies that all information contained herein is correct to the best of my knowledge and that this form was completed and signed by the Producing Agent.

Producing Agent Signature X _____Date _____

THIS IS ONLY A WORKSHEET NOT AN APPLICATION

Print