

MOTORCYCLE QUESTIONNAIRE

Name: _____ Phone #: _____ Date: _____
 Address: _____ City: _____ Zip Code: _____
 Email: _____ Soc. Sec #: _____ Date of Birth: _____
 Occupation _____
 Current Insurance Carrier: _____ Expiration Date: _____

COMPLETE INFORMATION for Motorcycles and Trailers:

Unit	Year	Make	Model	Horsepower or CC's	Value
1					
2					
3					
4					

Unit	Vehicle ID Number
1	
2	
3	
4	

Please list all operators:

Name	Date of Birth	Drivers License #	Courses Taken	Years Oper. Experience
1:				
2:				
3:				
4:				

Any claims in the last 5 years? If so, describe: _____

List any Tickets or Accidents (indicate At-fault or Not-At-Fault) for each driver and dates of each, or mark None:

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

Please return to Szura Insurance Services for your no-obligation Quote!

Call us at 248-651-4487

Email: bhorning@szuraagency.com

Fax: 248-651-3751

Mail: Szura Insurance Services, 109 E. Fourth St., Rochester, MI 48307

Thank you!