

Motorcycle/ATV Policy Supplemental Underwriting Checklist

Yes	No	
___	___	Are all of your cycles/ATVs solely titled to you?
___	___	Are any cycles/ATVs titled to you and/or leased or loaned to others?
___	___	Are any of your cycles used for business other than driving to/from work?
___	___	Are all the cycles/ATVs kept in a locked garage?
___	___	Do we presently insure all of the cycles/ATVs in your household?
___	___	Do you belong to a Motorcycle Riding Organization?
___	___	Have you completed any Motorcycle Safety courses?
___	___	Do any of your cycles have customized equipment?
___	___	Is there any existing damage on any cycle/ATV?
___	___	Are your policy limits different from your prior or current policy?
___	___	Do you require First Party Medical Insurance?
___	___	Would you like to increase your current deductible?
___	___	Did you purchase towing reimbursement?
___	___	Did you purchase Uninsured/Underinsured motorist coverage?
___	___	Is your home insured with us?
___	___	If YES, do you have IDENTITY THEFT coverage? _____ (Client Initials)
___	___	If no, would you like a quote for home insurance?
___	___	Is your personal auto insured with us?
___	___	If no, would you like a quote for auto insurance?
___	___	Discussed/Explained benefits of purchasing a Personal Catastrophe Liability policy?
___	___	Have you experienced any life changes(marriage, children, new job, job loss, divorce, etc. Your Life Insurance needs may have changed, can I quote you?) _____ (Client Initials)
___	___	Have you given us permission (written or verbal consent) to speak to a third party?
___	___	CLIENT EMAIL ADDRESS: _____

COMMENTS:

Signature of Client _____ Date _____

Parent/Guardian Signature (if client is under age 18) _____ Date _____

Signature of Agent _____ Date _____