


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. <u>This is simply a worksheet to gather information for a quotation.</u>	<p style="text-align: center;"><u>Agent Certification</u></p> Producer Name: _____ Address: _____ _____ Contact: _____ Agency Code: _____ Phone Number: _____ Fax: _____
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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? <input type="checkbox"/> Yes <input type="checkbox"/> 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
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S <input type="checkbox"/> M							
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S <input type="checkbox"/> M							
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S <input type="checkbox"/> 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 <input type="checkbox"/> BI/PD & UM/UIM BI/PD and basic medical only <input type="checkbox"/>	
Full Package Includes the following: <div style="display: flex; justify-content: space-between;"> <div> \$100,000/\$300,000 BI (Guest passenger coverage Included) \$100,000/\$300,000 UM/UIM BI Basic PIP / Medical payments </div> <div> Comprehensive less \$500 deductible Collision less \$500 deductible Roadside assistance coverage </div> </div>	
OPTIONAL LIMITS – for all age & marital status groups	
Deductibles Comprehensive <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$1,000 Collision <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$1,000 * Bodily Injury & Property Damage (guest passenger coverage included) <input type="checkbox"/> \$50,000/\$100,000 <input type="checkbox"/> \$250,000/\$500,000 <input type="checkbox"/> \$300,000 combined single limit <input type="checkbox"/> \$500,000 combined single limit <input type="checkbox"/> Other _____ * UM/UIM Bodily Injury <input type="checkbox"/> \$50,000/\$100,000 <input type="checkbox"/> \$250,000/\$500,000 <input type="checkbox"/> \$300,000 combined single limit <input type="checkbox"/> \$500,000 combined single limit <input type="checkbox"/> Other _____	Medical Payments (per person) <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
Additional Coverages	
Custom Parts & Equipment: Included \$1,000 <input type="checkbox"/> Additional amount desired _____ (round to the nearest thousand) <input type="checkbox"/> Agreed Value Coverage (only available on certain models & years)	
Discounts – <u>Discounts may not be applicable in all states. Proof of applicable documentation will be required.</u> Current Homeowner? _____ (proof required) Current Insurance on MC? _____ (Proof required)	
Underwriting Questions	
<div style="display: flex; justify-content: space-between;"> <div> 1. Is the motorcycle the only motorized vehicle in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Do you currently own or rent a home? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Do you currently have a Homeowners/Tenant Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Is or will the unit be rented or leased? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Is or will the unit be used strictly for pleasure? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Is or will the unit be used in connection with any operators business or profession? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. What is the estimated annual mileage? _____ </div> <div> 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 _____ </div> </div>	

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