

DATE _____

REQUEST FOR APPROVAL ON CUSTOM ASSEMBLED OR STATE ASSIGNED VIN MOTORCYCLE

First name Last name Address City State Zip

WK. Phone HM. Phone Cell Phone E-mail

AGENCY NAME: **SkySmith Insurance Agency**, 518 SW 3rd Street, Suite B, Ankeny, Iowa 50023 (515) 289-1439

YEAR BRAND NAME OF BIKE MODEL

FRAME NUMBER _____ Odometer _____

STATE ASSIGNED VIN # _____ License Plate Number _____

ENGINE YEAR, CC'S & MAKE _____

ENGINE IDENTIFICATION NUMBER _____

FORK NUMBER _____

NAME & ADDRESS OF BIKE BUILDER

NAME & ADDRESS OF PREVIOUS OWNER

PRIOR INSURANCE CARRIER _____ Expiration Date: _____

WAS IT STATE INSPECTED _____ WHICH STATE _____

PURCHASE PRICE & VALUE OF BIKE _____

LIABILITY ONLY COVERAGE REQUEST _____ FULL COVERAGE REQUEST _____

****(THE FOLLOWING IS NEEDED – EXCEPT SPORTSTERS)****

TRANSMISSION YEAR & MODEL _____

TRANSMISSION IDENTIFICATION NUMBER _____

CRANKCASE YEAR & MODEL _____

CRANKCASE IDENTIFICATION NUMBER _____

SkySmith - Request to Quote a Custom Motorcycle

AGENT INFORMATION

Sky Smith, 518 SW 3rd Street, Ankeny, Iowa 50023

American Modern Agent # 048195

Phone Number: 1 (515) 289-1439 * Fax: 1 (515) 864-0334

CUSTOMER INFORMATION

| | | | | | |
|------------|-----------|---------|------|-------|-----|
| First Name | Last Name | Address | City | State | Zip |
|------------|-----------|---------|------|-------|-----|

MOTORCYCLE INFORMATION

| | |
|----------------------------------|------------------------------|
| Location/Garage Zip Code: | Quote Effective Date: |
| _____ | |
| Total Number of Operators: _____ | Total Number of Bikes: _____ |

OPERATOR INFORMATION (If married, spouse information MUST be included even if spouse does not drive the motorcycle!)

| Name | Marital Status | Birthdate | DL # / State | Yr Began Driving Street-Driven M-C |
|-----------------------|----------------|----------------------|---------------|------------------------------------|
| Operator No. 1: | | | | |
| Op No. 2 (or Spouse): | | | | |
| Op. No. 1 occupation: | Relationship: | Op. No. 2 occupation | Relationship: | |

BIKE INFORMATION

| | | |
|----------|-------|----------------------------------|
| Year: | Make: | Where is the unit kept at Night? |
| Model: | CC's: | Trike? |
| VIN No.: | | Trike Manufacturer? |

OTHER INFORMATION

| | | | | | |
|---|--|----------------------------|------|------|-------|
| Valid Motorcycle License? | Completed Approved MC Driver Safety Course within 3 years? | | | | |
| Member of an Approved Association? | Own Primary Residence? | | | | |
| List all regular driver vehicles in the household below | | | | | |
| Operator 1 regular vehicle | | Operator 2 regular vehicle | | | |
| Year | Make | Model | Year | Make | Model |

ACCIDENTS/VIOLATIONS WITHIN LAST 3 YEARS

| | | |
|-----------------------------|-----------------------------|-------------------------------|
| Number of MINOR violations? | Number of MAJOR violations? | Number of AT-FAULT Accidents? |
|-----------------------------|-----------------------------|-------------------------------|

BASIC COVERAGES

| | | |
|-----------------------|-------------------------|-----------------------------|
| Bodily Injury Limits: | Property Damage Limits: | Passenger Liability Limits: |
|-----------------------|-------------------------|-----------------------------|

OPTIONAL COVERAGES

| | |
|------------------------------------|---------------------------------------|
| Uninsured Motorists Bodily Injury: | Underinsured Motorists Bodily Injury: |
| Medical Payments Deductible: | Limit: |
| Comprehensive Limits (value): | Collision Limits (value): |

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Insurance Score Notice

***In connection with this application for insurance and or request for rate quotation, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score. We may also obtain loss history and other consumer reports using a third party. The above information may be used to develop your premium or to determine your eligibility for insurance.**

Applicant has been informed of the Insurance Score Notice above.

Acknowledge that you have read the above and agree by checking here --