

Insurance Online, TEXAS

James Stafford Insurance Agency
1562 NW Access Rd.
Mount Vernon, TX 75457

Motorcycle Quote Request

Phone: (903) 537-2819
Toll-Free: 1-888-869-4904
Fax: 1-888-475-4437

| | | | | | |
|-----------|--------|---------|-----------------|--|--|
| Name: | | | Telephone: | | |
| Address: | | | Bus. Telephone: | | |
| City: | State: | Zip: | Other Phone: | | |
| Employer: | | County: | Email Address: | | |

In order to provide the best price available to you, we need the following information on all drivers. This is strictly used for quoting your insurance program. Once your quote is complete, the information is destroyed within approximately 15 days. All information is strictly confidential and is destroyed by shredding before being discarded.

List of Drivers

| Full Name of Driver (s) | Gender | Social Security # | Drivers License # | Date of Birth |
|-------------------------|--------|-------------------|-------------------|---------------|
| 1. | M F | | | |
| 2. | M F | | | |
| 3. | M F | | | |
| 4. | M F | | | |

Only the primary and secondary driver need to list the social security number.

Please provide detail of any citations, accidents or comp claims in the past 36 months. Please provide details: _____

Are you currently insured? YES NO How long have you been continuously insured? _____

Name of Current Insurance Company: _____ Policy Number: _____ Expiration Date: _____

Motorcycles

| # | Year | Make | Model | CC's | Vin Number* | Current Value |
|---|------|------|-------|------|-------------|---------------|
| 1 | | | | | | \$ _____ |
| 2 | | | | | | \$ _____ |

*VIN number is not needed in order to quote, therefore it is option. If provided provides a more accurate quote.

DISCOUNT Information

Years of Experience _____ Driver #1 _____ Driver #2 _____ Driver #3 _____ Driver #4 _____

Are you a member of any Motorcycle Associations/Clubs? YES NO If yes, please name _____

Coverage:

Liability: 20/40/15 25/50/25 50/100/50 100/300/100 other: _____
 optional Medical: 2,500 5,000 10,000
 optional PIP: 2,500 5,000 10,000
 optional Um BI 20/40 25/50 50/100 100/300 other: _____
 optional Um PD 15 25 50 100 other: _____
 optional OTC ded. 50 100 250 500 1000 Veh: 1____ 2____ (Mark Vehicles desire coverage)
 optional Collision ded. 50 100 250 500 1000 Veh: 1____ 2____ (Mark Vehicles desire coverage)

NOTICE: As a part of our underwriting process for all applicants, to provide you with an accurate premium amount, we have asked a series of questions, some of which are confirmed through consumer reports, which may include credit information. If this is acceptable and the form is completed in its entirety, please sign and date as acceptance of these terms and conditions.

Signed: _____ Date: _____