

FREE QUOTE REQUEST FORM



Harley-Davidson Insurance

Dealer Information

Dealership Name	Dealer No.	
Contact Name	Dealer Fax	Dealer Phone

Owner & Operator Information

Owner Name	Social Security No.	Date of Birth	<input type="checkbox"/> Married <input type="checkbox"/> Single
			Marital Status
Operator Name (List additional operators on separate sheet)	Social Security No.	Date of Birth	<input type="checkbox"/> Married <input type="checkbox"/> Single
			Marital Status
Relationship to Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Mobile	
	Home Owner?	Type of Home	Mobile Home Age (years)
Home Address	County	City	State Zip
Garaging Address (If different from Home)	County	City	State Zip
Home Phone	E-mail		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Drivers License No.*	State of Issue	Motorcycle License?	Motorcycle Experience (years) Years Endorsed

Operator Driving Record (Violations in last 5 Years, NH Residents – last 10 years, CA Residents – include drug or alcohol violations in last 10 years)

Number of Speeding Tickets in Last 5 Years	Driver's Speed	Posted Speed
	\$	\$
Number of At-Fault Accidents in Last 5 Years	Amount of Bodily Injury	Amount of Property Damage
	\$	\$
Number of Not-At-Fault Accidents in Last 5 Years	Amount of Bodily Injury	Amount of Property Damage

Motorcycle Information

Year	Make	Model	Estimated Miles Ridden Per Year (CA Residents – Required)
\$		\$	
Selling Price (Base price, excluding tax, prep, ESP and accessories)	Accessory Amount	Vehicle Identification No. (VIN)	

Signatures

I understand that the above information may be verified from credit history reports, claims history and driving records.

Owner Signature	Date
Operator Signature	Date

Note: This is a request for a rate estimate. Completing this form will not bind coverage. This insurance estimate proposal will demonstrate a range of possible coverage and premiums for your review and consideration. One of the coverage options presented (the lowest premium) may **NOT** include Uninsured/Underinsured Motorist Protection or Medical Payments Coverage, depending on state requirements. If the owner/operator chooses not to select either of these coverages, a written waiver must be executed. **Harley-Davidson Insurance does not advise that any policy be purchased that excludes Uninsured/Underinsured Motorist Protection or Medical Payments Coverage.**

* LA Residents – A copy of your Drivers License must accompany this form in order to obtain a quote.

Coverage, discounts and availability may vary by state. Not available in Canada, Hawaii or Massachusetts. Void where prohibited by law.
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