



Riggi & Associates, Inc.
Phone 586-771-5400 Fax 586-771-1580

INFORMATION SHEET FOR Motor Cycle INSURANCE QUOTE

Date: _____ **Territory** _____

Full Name: _____

Address: _____ **Rent** _____ **Own** _____

City/State/Zip _____

Phone: Home _____ **Cell** _____

Married _____ **Single** _____ **Current Insurance: Yes** _____ **No** _____

Date of birth _____

Drivers License Number _____

Of years Licensed _____ **# of years cycle experience** _____

Tickets _____ **Accidents** _____

Social Security Number _____ - _____ - _____

Employer: _____

Medical Insurance _____
Name of Company

Spouse's Name _____ **Date of Birth** _____

Driver's License Number: _____

Year-Make-Model of Vehicle _____ **CC:** _____

Vehicle Number _____

Color _____ **Mileage** _____ **Value** _____

Lien Holder Name: _____

Address: _____

Coverage requested: Liability Only _____ **Liability with Comprehensive & Collision** _____

Must have valid driver's license & Cycle endorsement Vehicle must be titled in above name!

CUSTOMER UNDERSTANDS & AGREES THAT THERE ARE NO COVERAGES BOUND ON THIS VEHICLE, THIS IS AN INFORMATION SHEET ONLY!!