



Yancy Insurance & Financial Services

AGENT: Yancy Insurance & Financial Services
2019 E Lamar Blvd, Suite 100
Arlington, TX 76006
817-277-6100 Phone
817-261-7514 Fax

Motorcycle Insurance

Applicant's Name: _____
Mailing Address: _____
City/State/Zip: _____
Email Address: _____
County: _____

PROPOSED EFFECTIVE DATE:
From _____ To _____
12:01 A.M. Standard Time at the address of the Applicant
Phone: _____
Fax: _____

CURRENT INSURANCE INFORMATION

Company Name (not agency): _____ Policy Expiration Date: _____

Address Where Motorcycle is Garaged (Street): _____
City: _____ State: _____ Zip: _____

OPERATOR

Number years with Motorcycle License: _____ Do you belong to a motorcycle owner's association? Yes No

Name of Operator: _____ Date of Birth _____

Marital Status Operator: Married Single DL# of Operator: _____ State of DL: _____

Any tickets or accidents in the past three years? Yes No

If yes, dates and type of citation: _____

Current Occupation: _____

How many yrs experience on motorcycles over 600CC? _____

COVERAGE

Manufacturer of Motorcycle: _____ Model of Motorcycle: _____

Year Model of Motorcycle: _____ CC's: _____

Liability only? Yes No

What limit of liability? 20/40/15 25/50/15 50/100/50 100/300/100

If full coverage desired, what deductibles on comp and collision? \$250 \$500

Do you wish to carry Medical Payments or PIP? Yes No

What limit of Medical Payments? 1,000 2,500 5,000 10,000

What limit of PIP? 1,000 2,500 5,000 10,000

Use of cycle: Pleasure To Work or School

Please give any additional comments you feel appropriate for this quotation. If you have additional information where there was not enough room above, please enter them here.

Applicant's Signature _____ Date: _____