

# MOTORCYCLE

COMPLETE AND SEND TO FEDERICO@RABEINSURANCE.COM AND FAX TO 818-710-9466

## PERSONAL INFORMATION

NAME AS IT APPEARS ON DRIVER LICENSE:

ADDRESS:

CITY:

ZIP CODE:

TELEPHONE :

CELL PHONE:

MARITAL STATUS ( ) SINGLE ( ) MARRIED ( If SELECTED MARRIED, fill FORM for driver #2

OCCUPATION:

DATE OF BIRTH:

SOCIAL SECURITY:

DRIVER LICENSE:

MOTORCYCLE ENDORSEMENT(MOTORCYCLE LICENSE) YES-NO IF YES IN WHAT YEAR GOT IT

YEAR LICENSED IN USA (regular license):

YEAR LICENSE IN OTHER COUNTRY?

TICKETS OR ACCIDENTS IN THE LAST 3YEARS?

YEARS EXPERIENCE IN MOTORCYCLE:

TOOK SAFETY /ACCIDENT COURSE? NO YES IF YES SEE NEXT 2 QUESTIONS

( ) Mature Driving Discount ( ) Motorcycle Safety Course ( ) MSF Instructor Course ( ) MSF Rider Course

DATE COURSE TAKEN: MONTH AND YEAR:

MEMBER OF ANY MOTOCYCLE GROUP?

## CAR INFORMATION AND USAGE

VIN #

BRAND:

MODEL:

YEAR:

CURRENT ODOMETER:

ANNUAL MILEAGE DRIVEN:

ENGINE SIZE:

VALUE:

TURBO OR SUPERCHARGED?

MILES DRIVEN A YEAR:

GARAGED INSIDE?

HOW MANY WHEELS?

## COVERAGE

FULL COVER ( ) LIABILITY ( )

BODILY INJURY:

PROPERTY DAMAGE:

COMPREHENSIVE (DEDUCTIBLE)

COLLISION: (DEDUCTIBLE)

TOWING: