

FREE QUOTE REQUEST FORM



Harley-Davidson Insurance

Dealer completes this form, obtains customer signature, and faxes to (866) 245-0992.

Dealer Information

Dealership Name _____ Dealer No. _____

Contact Name _____ Dealer Fax _____ Dealer Phone _____

Owner & Operator Information

Owner Name _____ Social Security No. _____ Date of Birth _____ Married Single
Marital Status

Operator Name (List additional operators on separate sheet) _____ Social Security No. _____ Date of Birth _____ Married Single
Marital Status

Relationship to Owner _____ Yes No House Condo 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 _____

Drivers License No.* _____ State of Issue _____ Yes No
Motorcycle License? Motorcycle Experience (years) Years Endorsed

Operator Driving Record (Violations in last 5 Years, NH Residents – last 7 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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