FIRST INSURANCE SERVICES OF JASPER, INC

Motorcycle / ATV Quote Sheet

Insured's Name:	Date:
Phone:	Email Address:
Address:	County:
Garaging Address (if diff.):	County:
Home: ☐Own ☐Rent (If Own, is it a: ☐House ☐Mobile Home ☐Other_____)	
Do you currently have insurance? ☐Yes ☐No (If Yes, name of current insurance carrier: _____)	

VEHICLE INFORMATION

☐Motorcycle ☐ATV/UTV ☐Golf Cart ☐Scooter ☐Other_____		
Year:	Make:	Model:
Year Purchased:	Purchase Amount: $	
VIN#	CCs:	Number of Wheels:
Name on Title:	Lien Holder Name:	

COVERAGES

Liability Limits: $_____	Medical Payments/ PIP Limit: $_____
Comprehensive Deductible: ☐$250 ☐$500 ☐$1,000 ☐Other_____	
Collision Deductible: ☐$250 ☐$500 ☐$1,000 ☐Other_____	

OPERATOR(S) INFORMATION

Operator Name (Include minors):			☐ Male ☐ Female
Marital Status: ☐I'm a minor ☐Single ☐Married ☐Divorced ☐Widowed ☐Other_____			
DOB:	Driver License#:	SS#:	Occupation:
Tickets or Accidents in past 5 Years: ☐Yes ☐No (If Yes - Were you at Fault? ☐Yes ☐No)			
How many days per month do you use?		Do you have Motorcycle/ATV Endorsement? ☐ Yes ☐No	

Operator Name (Include minors):			☐Male ☐ Female
Marital Status: ☐I'm a minor ☐Single ☐Married ☐Divorced ☐Widowed ☐Other_____			
DOB:	Driver License#:	SS#:	Occupation:
Tickets or Accidents in past 5 Years: ☐Yes ☐No (If Yes - Were you at Fault? ☐Yes ☐No)			
How many days per month do you use?		Do you have Motorcycle/ATV Endorsement? ☐Yes ☐No	

Operator Name (Include minors):			☐Male ☐Female
Marital Status: ☐I'm a minor ☐Single ☐Married ☐Divorced ☐Widowed ☐Other_____			
DOB:	Driver License#:	SS#:	Occupation:
Tickets or Accidents in past 5 Years: ☐Yes ☐No (If Yes - Were you at Fault? ☐Yes ☐No)			
How many days per month do you use?		Do you have Motorcycle/ATV Endorsement? ☐Yes ☐ No	

Fax back to (409) 384-5008 or Email to jcofty@1stinsurance.net