

MOTORCYCLE-OFF ROAD QUESTIONNAIRE

PLEASE FAX TO PERSONAL LINES DEPT. AT (559) 222-1724



| | | | |
|-----------------|--|-------|--|
| Date | | | |
| Named Insured | | | |
| Mailing Address | | | |
| Telephone | | Cell | |
| Submitted by | | Email | |

Motorcycle/ATV Information

| Vehicle #1 | |
|------------|--|
| Year | |
| Make | |
| Model | |
| CC Size | |
| Value | |
| VIN # | |

| Vehicle #2 | |
|------------|--|
| Year | |
| Make | |
| Model | |
| CC Size | |
| Value | |
| VIN # | |

| Vehicle #3 | |
|------------|--|
| Year | |
| Make | |
| Model | |
| CC Size | |
| Value | |
| VIN # | |

| Vehicle #4 | |
|------------|--|
| Year | |
| Make | |
| Model | |
| CC Size | |
| Value | |
| VIN # | |

Trailer Information

| Year | Make | Model | Value | Vehicle Identification No |
|------|------|-------|-------|---------------------------|
| | | | | |

Operator Information

| Driver # | Name | Date of Birth | Driver License # |
|----------|------|---------------|------------------|
| | | | |
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