



Riggi & Associates, Inc.
Phone 586-771-5400 Fax 586-771-1580

INFORMATION SHEET FOR Motor Cycle INSURANCE QUOTE

Date: _____ Territory _____

Full Name: _____

Address: _____ Rent _____ Own _____

City/State/Zip _____

Phone: Home _____ Cell _____

Married _____ Single _____ Current Insurance: Yes _____ No _____

Date of birth _____

Drivers License Number _____

Of years Licensed _____ # of years cycle experience _____

Tickets _____ Accidents _____

Social Security Number _____ - _____ - _____

Employer: _____

Medical Insurance _____
Name of Company

Spouse's Name _____ Date of Birth _____

Driver's License Number: _____

Year-Make-Model of Vehicle _____ CC: _____

Vehicle Number _____

Color _____ Mileage _____ Value _____

Lien Holder Name: _____

Address: _____

Coverage requested: Liability Only _____ Liability with Comprehensive & Collision _____

Must have valid driver's license & Cycle endorsement Vehicle must be titled in above name!

CUSTOMER UNDERSTANDS & AGREES THAT THERE ARE NO COVERAGES BOUND ON THIS VEHICLE, THIS IS AN INFORMATION SHEET ONLY!!