

Motorcycle Insurance Worksheet

Date _____ Referred By _____

Ryde Insurance - 106 West Broadway - Port Jefferson - NY - 11777

For Prompt Quote - Fill out Worksheet & Fax to 631-476-1378, Phone 631-476-0722 or Mail



Insurance Applicant's Information

* Required Information necessary for accurate Quote.

Required Documents: Copy of Driver License and accurate vehicle information like previous registration or title, bill of sale, or year-make-model & vehicle ID number

1. *Name on License: _____
2. *Street Address: _____
3. *Town _____ *Zip: _____
4. * Date Of Birth: ____/____/____ Age: _____
5. Occupation : _____
6. * Driver License # _____ - _____ - _____
7. * Social Security # _____ - _____ - _____
8. *Home Phone: () _____ - _____
9. Work Phone : () _____ - _____ EXT _____
10. Cell Phone : () _____ - _____
11. Fax : () _____ - _____
12. E-mail: _____ @ _____
13. *Years of Cycle Experience: _____
14. *Marital Status: _____
15. *Motorcycle garaged? _____
16. *Valid NY License _____
17. *Tickets, Accidents, Violations, License suspension last 39mths ?

18. *Have You taken Driver Training Course? _____
19. Member of national riding group? _____
20. Are You Home Owner? _____
21. Is MC currently Insured? _____ Comp _____ Prem _____
22. Would you like a premium payment Plan? _____

List All Tickets, Accidents and Violations (last 39 Months) On reverse side of this form or on a separate sheet of paper.

Motorcycle Information

*Year: _____ *Make _____
*Model: _____ *CC's: _____
*V.I.N. # _____
*MC Value \$ _____ Accessory \$ _____
Comments: _____

Type of Insurance Coverage Wanted

Please indicate Limits Of Liability Desired

Liability: 25/50/10 50/100/25 100/300/50

SUM: 25/50/10 50/100/25 100/300/50

Please indicate Type Of Coverage Desired

- Liability Only Policy
- Liability - Fire & Theft \$ Deductible _____
- Liability- Fire-Theft-Collision \$ Deductible _____
- Optional Medical Coverage \$ Amount _____
- Optional OBEL-Pedestrian Coverage
- Spousal Liability Coverage
- Other _____

Term of Policy: _____ Months

From : ____ - ____ - ____ **To:** ____ - ____ - ____

Payment Information Estimated Premium - Payment Due

Ins Company: _____
Premium Due: _____
Broker Fee: _____
Total Amt Due: _____
Down Payment: _____
Payments Due: _____

I hereby declare to the best of my knowledge and belief that all of the foregoing statements are true. In consideration of the advice and services rendered by Ryde Insurance Agency and its agents as my insurance consultant and to be rendered by Ryde Insurance Agency as my broker of record, I agree to pay you a broker fee authorized pursuant to section 2119 of the insurance law of New York State. This broker fee is fully earned when paid and is not refundable. In order to assist in placing, issuing and servicing my motorcycle insurance, I confer upon you as my broker of record, a General Power of Attorney pursuant to Article 13 section 222 of the General Business Law of NYS. I understand the various insurance coverage's available to me and have indicated the coverage I want. The premium shown is not guaranteed and is subject to change. In connection with obtaining insurance coverage for you, the insurance companies we represent may review your DMV records and credit report or obtain or use a credit based insurance score based on information contained in those reports. This information may affect the premium you are charged. I agree to provide a copy of my Driver License, motorcycle documentation (registration, MSO, bill of sale), pictures other documentation as required by insurance Company.

* Signature Of Applicant: _____ Date: / / 20

* Signature Of Broker: _____ Phone-631-476-0722 Fax -631-476-1378