



Yergey Insurance Agency, Inc.

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Current Date _____

QUOTE REQUEST

Name _____ Company _____

Contact _____

Address _____

City _____ State _____ Zip Code _____

Business Number _____ Residence Number _____ Email _____

Perferred contact source _____

Motorcycle Insurance

Drivers

Full Name _____ Gender _____ Marital Status _____ Date of Birth _____
DL# _____ State _____

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DL# _____ State _____

Violations

	Driver 1	Driver 2	
Minor Violation speeding, turn, stop sign, red light, etc...	_____	_____	
Accident - non-chargeable (Not at Fault)	_____	_____	Minor violation in the last 3 years. Major violation in the last 5 years.
Accident - chargeable (At Fault)	_____	_____	
Major Violation drunk driving, reckless, hit and run	_____	_____	

Motorcycle

Year _____ Make/Model _____ VIN # _____ Vehicle Type _____ Use of Vehicle _____

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Coverages

Personal Liability _____ Property Damage _____ Medical Payments _____ Personal Injury Protection _____
Not available in all states

	Motorcycle 1	Motorcycle 2	Motorcycle 3
Comprehension (other than collision)	_____	_____	_____
Collision	_____	_____	_____
Towing	_____	_____	_____
Rental Reimbursement	_____	_____	_____

Prior Insurance ? YES NO Current Carriers ? _____ Expiration Date _____

Six months of insurance with no laspes? YES NO

Have you filed for bankruptcy on the last 5 years ? YES NO