

DATE \_\_\_\_\_

## REQUEST FOR APPROVAL ON CUSTOM ASSEMBLED OR STATE ASSIGNED VIN MOTORCYCLE

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First name      Last name      Address      City      State      Zip

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WK. Phone      HM. Phone      Cell Phone      E-mail

AGENCY NAME: **SkySmith Insurance Agency**, 518 SW 3rd Street, Suite B, Ankeny, Iowa 50023 (515) 289-1439

YEAR      BRAND NAME OF BIKE      MODEL

FRAME NUMBER \_\_\_\_\_ Odometer \_\_\_\_\_

STATE ASSIGNED VIN # \_\_\_\_\_ License Plate Number \_\_\_\_\_

ENGINE YEAR, CC'S & MAKE \_\_\_\_\_

ENGINE IDENTIFICATION NUMBER \_\_\_\_\_

FORK NUMBER \_\_\_\_\_

NAME & ADDRESS OF BIKE BUILDER

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NAME & ADDRESS OF PREVIOUS OWNER

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PRIOR INSURANCE CARRIER \_\_\_\_\_ Expiration Date: \_\_\_\_\_

WAS IT STATE INSPECTED \_\_\_\_\_ WHICH STATE \_\_\_\_\_

PURCHASE PRICE & VALUE OF BIKE \_\_\_\_\_

LIABILITY ONLY COVERAGE REQUEST \_\_\_\_\_ FULL COVERAGE REQUEST \_\_\_\_\_

**\*\* (THE FOLLOWING IS NEEDED – EXCEPT SPORTSTERS) \*\***

TRANSMISSION YEAR & MODEL \_\_\_\_\_

TRANSMISSION IDENTIFICATION NUMBER \_\_\_\_\_

CRANKCASE YEAR & MODEL \_\_\_\_\_

CRANKCASE IDENTIFICATION NUMBER \_\_\_\_\_

# SkySmith - Request to Quote a Custom Motorcycle

## AGENT INFORMATION

SkySmith Insurance Agency, 518 SW 3rd Street, Ankeny, Iowa 50023

American Modern Agent # 048195

Phone Number: 1 (515) 289-1439 \* Fax: 1 (515) 964-0431

## CUSTOMER INFORMATION

First Name	Last Name	Address	City	State	Zip
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## MOTORCYCLE INFORMATION

Location/Garage Zip Code: _____	Quote Effective Date: _____
Total Number of Operators: _____	Total Number of Bikes: _____

## OPERATOR INFORMATION (If married, spouse information MUST be included even if spouse does not drive the motorcycle!)

Name	Marital Status	Birthdate	DL # / State	Yr Began Driving Street-Driven M-C
Operator No. 1:				
Op No. 2 (or Spouse):				
Op. No. 1 occupation:	Relationship:	Op. No. 2 occupation	Relationship:	

## BIKE INFORMATION

Year:	Make:	Where is the unit kept at Night?
Model:	CC's:	Trike?
VIN No.:		Trike Manufacturer?

## OTHER INFORMATION

Valid Motorcycle License?	Completed Approved MC Driver Safety Course within 3 years?				
Member of an Approved Association?	Own Primary Residence?				
<b>List all regular driver vehicles in the household below</b>					
Operator 1 regular vehicle		Operator 2 regular vehicle			
Year	Make	Model	Year	Make	Model

## ACCIDENTS/VIOLATIONS WITHIN LAST 3 YEARS

Number of MINOR violations?	Number of MAJOR violations?	Number of AT-FAULT Accidents?
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## BASIC COVERAGES

Bodily Injury Limits:	Property Damage Limits:	Passenger Liability Limits:
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## OPTIONAL COVERAGES

Uninsured Motorists Bodily Injury:	Underinsured Motorists Bodily Injury:
Medical Payments Deductible:	Limit:
Comprehensive Limits (value) :	Collision Limits (value) :

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## **Insurance Score Notice**

**\*In connection with this application for insurance and or request for rate quotation, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score. We may also obtain loss history and other consumer reports using a third party. The above information may be used to develop your premium or to determine your eligibility for insurance.**

**Applicant has been informed of the Insurance Score Notice above.**

Acknowledge that you have read the above and agree by checking here --