

**MOTORCYCLE QUESTIONNAIRE**

The more information you provide,  
The more accurate the quote.

Name	Work Ph#	Taken By
Address	Home Ph#	Date Quoted
City, State & Zip	Cell Ph#	Best Time to Call
County	Email	Referral From
Present Co.	Present Premium	Renewal Date

Full Name			Date of Birth	SSN#
Driver #1				
Drivers License #	Good Student Discount	Yes No	Safety Course?	Yes No
Motorcycle License	Years of Riding Experience	Yes No	Years of Ownership	Club Member (What Club)
Endorsement				Yes No
Married	Separated	Single	Accidents last 5 Years (Date/Fault/Amount)	
Tickets last 5 Years (Date/s)				
Bike #1	Make	Bike #2	Make	
Year	Model	Year	Model	
Date Bought	Cost New	Date Bought	Cost New	
# CC	Custom Parts	# CC	Custom Parts	
ABS	Anti-theft	Yes No	Yes No	Anti-theft
Air Bags		Yes No	Yes No	
How is it used	Pleasure	Commuter	Business	How is it used
How Many Miles Driven One Way?				How Many Miles Driven One Way?
How Many Miles Driven Annually?				How Many Miles Driven Annually?
Bodily Injury, Property Damage, and Uninsured Underinsured Limits	Personnel Injury Protection			Personnel Injury Protection
	Road Side Assistance?	Yes No		Road Side Assistance?
Comp	Liability or Full Coverage	Liability F/C	Comp	Liability or Full Coverage
Rental	Towing		Rental	Towing
Miscellaneous			Miscellaneous	

Please Print

**AUTO QUESTIONNAIRE**

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<b>Do you rent or own your home/apt?</b>	<i>OWN</i>	<b>Homeowners</b>	<b>Any Smokers in the household?</b>	<i>Yes</i>
	<i>RENT</i>	<b>Renewal Date</b>		<i>No</i>
<b>Who is current AUTO insurance with</b>		<b>Liability amount on your cars</b>		
<b>May I run a credit history?</b>	<i>Yes</i>	<b>*Signature:</b>		
	<i>No</i>			

\*Your signature is not needed if received via your email address.

Notes:

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