

North American Insurance Agency of Louisiana, Inc.

2255 North Highway 190

Covington, LA 70433

(800) 229-2789

(985) 871-5480

Fax: (985) 871-5490

Motorcycle Insurance Quote

Personal Information

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Day Phone: _____ **Night Phone:** _____

Best Time To Call: AM / PM / Any Time (circle one)

Email Address: _____

Occupation: _____

How Long At Current Job: _____

Current Motorcycle Insurance Information

Do You Presently Have Motorcylce Insurance? Yes No

If Yes,
Company Name: _____

Policy Expiration Date: _____ **Premium Amount:** _____

Amount Insured For: _____

Term: 6 Months 1 Year Other: _____ (check one)

Motorcycle Information

BIKE #1

Year: _____ **Make:** _____ **Model:** _____

VIN#: _____ **Engine Size:** _____

Name of Title Holder: _____ **Annual Mileage:** _____

Use For: Recreation Work **If Work, How Many Miles One Way:** _____

Alarm: Yes No

If Vehicle Is Kept At An Address Other Than That Listed Above, Indicate Below

Location City: _____ **State:** _____ **Zip:** _____

BIKE #2

Year: _____ **Make:** _____ **Model:** _____

VIN#: _____ **Engine Size:** _____

Name of Title Holder: _____ **Annual Mileage:** _____

Use For: Recreation Work **If Work, How Many Miles One Way:** _____

Alarm: Yes No

If Vehicle Is Kept At An Address Other Than That Listed Above, Indicate Below

Location City: _____ **State:** _____ **Zip:** _____

Additional Driver Information

DRIVER#1

Driver's Name: _____

Driver's License Information:

DL#: _____ **State:** _____ **Years Licensed:** _____

Relation: _____ **Date of Birth:** _____ **Sex:** _____

Marital Status: _____

Courses Completed Last 3 Years:

Drivers Ed: Yes No

Accident Prevention: Yes No

DRIVER#2

Driver's Name: _____

Driver's License Information:

DL#: _____ State: _____ Years Licensed: _____

Relation: _____ Date of Birth: _____ Sex: _____

Marital Status: _____

Courses Completed Last 3 Years:

Drivers Ed: Yes No

Accident Prevention: Yes No

DRIVER#3

Driver's Name: _____

Driver's License Information:

DL#: _____ State: _____ Years Licensed: _____

Relation: _____ Date of Birth: _____ Sex: _____

Marital Status: _____

Courses Completed Last 3 Years:

Drivers Ed: Yes No

Accident Prevention: Yes No

Driver History

Please list *any* convictions for *any* driver convicted of moving traffic violations in the past 3 years.

<u>Driver</u>	<u>Date</u>	<u>Type of Conviction</u>	<u>Fines</u>	<u>Speed Over Limit</u>
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1)

2)

3)

Please list *any* who has had license suspensions, revocations, or DUI convictions below.

<u>Driver</u>	<u>License Suspended or Revoked</u>	<u>DUI Conviction For</u>
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1)	<input type="checkbox"/> Suspended <input type="checkbox"/> Revoked	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs
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2)	<input type="checkbox"/> Suspended <input type="checkbox"/> Revoked	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs
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3)	<input type="checkbox"/> Suspended <input type="checkbox"/> Revoked	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs
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Please list *any* driver involved in accidents, regardless of fault, in the past 5 years.

<u>Driver</u>	<u>Date</u>	<u>Description</u>	<u>Cost</u>	<u>Fines</u>	<u>Injuries</u>	<u>At Fault?</u>
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1)					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
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2)					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
----	--	--	--	--	------------------------------	------------------------------

3)					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
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Additional Vehicle Information

VEHICLE#1

Year: _____ Make: _____ Model: _____

Body Type: _____ VIN#: _____

Name of Title Holder: _____ Annual Mileage: _____

Use For: Recreation Work If Work, How Many Miles One Way: _____

Airbags: Yes No

Car Alarm: Yes No

VEHICLE#2

Year: _____ Make: _____ Model: _____

Body Type: _____ VIN#: _____

Name of Title Holder: _____ Annual Mileage: _____

Use For: Recreation Work If Work, How Many Miles One Way: _____

Airbags: Yes No

Car Alarm: Yes No

VEHICLE #3

Year: _____ Make: _____ Model: _____

Body Type: _____ VIN#: _____

Name of Title Holder: _____ **Annual Mileage:** _____

Use For: Recreation Work **If Work, How Many Miles One Way:** _____

Airbags: Yes No

Car Alarm: Yes No

Additional Information

Please list any additional information or comments below