

Safeco Motorcycle Quick Quote Information Request

PLEASE SUBMIT VIA EMAIL TO DHEDDEN@SEBCO.ORG
OR PRINT AND FAX TO (501) 378-0113
OR MAIL TO SEBCO / P.O. BOX 1817 / LITTLE ROCK AR 72203

Rider Information:

First Name: _____ MI: _____ Last Name: _____

D.O.B. _____ / _____ / _____ Social Security Number: _____ - _____ - _____

Phone: _____

Marital Status: Married Single

Gender: Male Female

Address: _____

Has this rider owned or been insured on a motorcycle/ATV
within the past 5 years? Yes No

Driving Record: (MC or Auto activity prior 35 months)

If yes, how many? _____

Minors/Majors/Speeds: _____

Homeowner? Yes No

Accidents (AF/NAF): _____

MC Safety Foundation Course? Yes No

Member of MC Association? Yes No

Vehicle Information:

Garaging Address (if different from above): _____

Year: _____ Make: _____ Model: _____ CC (engine size): _____

Value? _____ (required if Phys Damage is requested on Limited Production Cruisers or cycles older than 25 yrs)

Is this vehicle garaged? Yes No

Policy Information:

Other Safeco personal lines policy? Yes No

Current motorcycle insurance? Yes No

Current Carrier: _____ # of Months: _____ Exp. Date of current policy: _____

Coverage Information:

BI/PD/GST: _____

CPE Coverage (No charge for 1st \$3,000 – items must be listed for cov to exist)

MED: _____

UM/UIM: _____

UMPD: _____

COMP/COLL.: _____

RD ASST: _____

Other: _____