

modernLINE
Snowmobile Request for Quote

Insurance Facilities, Inc.
Phone: 800-658-3666
Fax: 605-336-9789

AGENT INFORMATION

Agent Name: _____

Agent# _____ SubProducer# _____

Agent e-mail: _____ Phone Number: _____

Contact Person: _____ Fax Number: _____

CUSTOMER INFORMATION

Last Name	First Name	Street	City, ST, Zip	Date of Birth
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OPERATOR INFORMATION

Name	Date of Birth	Safety Course	Assoc	Yrs Operating Snowmobiles
		NO YES	NO YES	
		NO YES	NO YES	
		NO YES	NO YES	
		NO YES	NO YES	

ELIGIBILITY INFORMATION

Traffic violations for any operator? Yes No Is applicant titled owner? Yes No
Any prior Snowmobile accidents? Yes No Is sled used for business? Yes No
Where are unit(s) kept at night? _____
Has sled been modified? _____ Will sled be used for racing? Yes No

Is sled used on public roads, streets or highways? _____

# of Units	Yr/Make/Model	CC Size	Value	Date Purchased (mm/dd/yyyy)
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RATING INFORMATION

MN 20/40/10 25/50/15 50/100/25 100/300/50 250/500/100
Choose: Annual Policy 6 Month Lay-Up
Medical Payments: (\$50 Ded) 1,000 2,000 5,000
 Comprehensive (\$500 Ded) Collision (\$500 Ded)
Elite Program Discount _____ Auxiliary Lighting Discount _____
Trailer (\$100 Ded) Year _____ Make _____ Purchase Price _____
(trailer coverage only available on full coverage quotes)