

# ATV/UTV OWNERS QUESTIONNAIRE

MAKE SURE TO ANSWER EVERY QUESTION

INSURED: \_\_\_\_\_ POLICY NO.: \_\_\_\_\_

## Physical Address

STREET:		
CITY:	STATE:	ZIP:

## ATV/UTV

<i>YEAR</i>	<i>MAKE</i>	<i>MODEL</i>	<i>SERIAL NUMBER</i>	<i>RANCH USE</i>	<i>VALUE</i>

## DRIVERS

<i>NAME</i>	<i>AGE</i>

Are procedures in place to evaluate the driver's capabilities for operating the unit? **Yes** **No** (circle one)

Are the units used off premises? **Yes** **No** (circle one)

Are helmets and appropriate clothing required? **Yes** **No** (circle one)

## COMMENTS

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## SIGNATURES

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Date: \_\_\_\_\_