



Markel Personal Lines

Trike submission form

Thank you for inquiring with Markel for your motorcycle insurance needs. You have indicated that you are interested in an insurance quote for your trike. Before we can provide a quote, our underwriting guidelines and procedures require a completed submission form and other supplementary materials.

Please complete the following questionnaire. By answering the questions, we can eliminate any inconvenience to you by pre-screening for compliance with our underwriting guidelines.

	Yes	No
Does your trike have front and rear fenders?	<input type="checkbox"/>	<input type="checkbox"/>
Does your trike have a brake light?	<input type="checkbox"/>	<input type="checkbox"/>
Does your trike have front and rear turn signals?	<input type="checkbox"/>	<input type="checkbox"/>
Is the engine smaller than a V8?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consider the trike portion of your motorcycle a permanent attachment?	<input type="checkbox"/>	<input type="checkbox"/>
Is the maximum capacity <u>less</u> than four people, including the driver?	<input type="checkbox"/>	<input type="checkbox"/>
Is the primary belt drive completely enclosed?	<input type="checkbox"/>	<input type="checkbox"/>
Are all moving engine components and belts enclosed and/or guarded?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'no' to any question, your trike falls out of our approved underwriting guidelines, and as such, your vehicle is not eligible for insurance through Markel. While we thank you for your interest, submission for consideration will be automatically **declined**.

If you answered 'yes' to all of the above, please review the remainder of the submission prior to completion. Instructions provided will help avoid any delays in processing of your submission. Receipt and/or completion of this submission does not guarantee or bind coverage, and is not proof of insurance.

Carefully review and complete the remainder of this form. Return the form, along with the other items requested via mail or email:

Mail:

Markel motorcycle insurance
 Attn: Trike team
 PO Box 906
 Pewaukee, WI 53072-0906

Email:

Email your submission by sending all required items, including color photos to customs@markelcorp.com.
 (Faxes will not be accepted)

To avoid a delay in processing, all items must be returned with the completed submission. If you do not have any of the items listed below, or if you have questions, please contact our office. For your convenience, we have provided a short checklist of required items:

1. All three pages of the appraisal form, including this page - Conversion trikes – Complete pages 1 and 2 for agreed value coverage. - All other – Complete page 3 for agreed value coverage.	<input type="checkbox"/>
2. Five legible, color photographs of the motorcycle: Front, back, left, right, motor *Please note: any photographs mailed to our office will not be returned.	<input type="checkbox"/>
3. Copies of the title and registration	<input type="checkbox"/>
4. Copy of your current declarations page, if you have insurance on the trike	<input type="checkbox"/>
5. Copy of the bill of sale or work order receipts	<input type="checkbox"/>

Our trike team will review the submission and materials within 2-3 business days of receipt and contact your via phone or email. Submission must be approved before a quote may be completed, and before insurance coverage may be purchased.



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Applicant information:		Dealership information:	
Owner:		Authorized dealership:	
Address:		Address:	
Phone:		Phone:	
Email:		Email:	
Quote/policy number:			

Unit information:			
Year:	Make:	Model:	
Purchase date:	Purchase price:	Current market value:	
Engine size:	Width at widest point:	VIN:	Total length of unit:

Trike information:						
Do you want physical damage coverage for your trike? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Type of trike: (check one)						
<input type="checkbox"/> Conversion – complete only pages 1 and 2, attach a bill of sale, and answer the following: Conversion kit: Year: _____ Make: _____ Model: _____ Value: _____						
<input type="checkbox"/> Manufactured						
<input type="checkbox"/> Kit – attach information from manufacturer						
<input type="checkbox"/> Homemade/reconstructed – attach state assigned VIN/license and answer the following: Name of constructor: _____ Address of constructor: _____						
Please check yes or no, as applicable to this trike:						
Has the trike had high performance engine work completed? If yes, please explain:		<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>					
Please provide the type of brake system: Front: _____ Rear: _____						

Accessory and customization:	
Individually list all non-stock accessories and any customization below. A dollar value must also be included for each item. The amount listed should not include labor cost. Internal engine, transmission, and maintenance parts should not be included. Owners of custom built units are to complete the back side as well.	
Item	Value
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
Accessory total:	
	\$

Customer notices and signature:

Fraud Warning:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. In Pennsylvania, any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

Insurance scoring:

As part of the company's underwriting procedure, a routine inquiry may be made which will provide applicable information concerning your driving record. Upon written request, a copy of this report will be provided to you. Federal Fair Credit Reporting Act (Public Law (91-508)).

Applicant signature:

I understand that approval of this submission is subject to compliance with Company's underwriting guidelines and procedures and that submission does not guarantee or bind coverage and is not proof of insurance.

I attest that my statements within this appraisal form are true and valid to the best of my knowledge and belief.

Applicant signature: _____ **Date:** _____

Submission does not guarantee or bind coverage, and is not proof of insurance.



Markel Personal Lines

Trike agreed value form

To assist in determining the current market value, this page must be completed by an **authorized** dealership.

Frame/suspension	Brand	Price	Comments
Frame			
Swingarm			
Forks/triple clamps			
Shocks			
Final drive			
H bars/controls			
Wheels/brakes			
Wheels – Front and rear			
Tires			
Master cylinder – F/R			
Calipers – F/R			
Rotors – F/R			
Engine/transmission			
Engine			
Transmission			
Oil tank/cooler/lines			
Electronics (ignition, etc.)			
Carburetion/injection			
Exhaust			
Primary drive			
Body work			
Fuel tank			
Fenders			
Paint			
Other (hitch, saddle bags/packs, windshield, etc.)			

Customer signature:

Consider the current market value of the motorcycle (including optional equipment). The market value should be based on similar motorcycles that are for sale presently and/or the value that similar models have recently sold for. This does not include labor costs. Insured value of the unit is subject to underwriting approval.

Estimated market value: \$ _____

Appraiser signature: _____ **Date:** _____

Appraiser (please print): _____