RIDER
SINCE 1971
INSURANCE

Your Social Security No.	
Policy Number	

MOTORCYCLE OWNER'S FIRE REPORT

POLICYHOLDER'S INFORMATION

Policyholder's Name:_____Primary No._____Secondary No._____
Address:_____City:_____State:_____Zip Code:_____

VEHICLE INFORMATION

Year:_____Make:_____Model:_____VIN:_____License Plate No._____
Date of Purchase: _____ Cost of Bike:_____ From Whom Purchased:_____
Mileage at time of fire: _____

WHEN AND WHERE DID THIS HAPPEN?

Date of the Fire: _____ Time of the Fire: _____:_____ ☐ AM ☐ PM
Location of Fire (Street Address):_____
City:_____ County:_____State:_____Zip Code:_____
For what reason was the bike at this location: _____
Is there a police report? Yes ☐ No ☐ If yes, Police Department's Name:_____Case/File No._____

DESCRIPTION OF THE THEFT (Describe what happened)

_____
_____
_____
_____
_____
_____
_____
_____
_____

Is the bike financed? Yes ☐ No ☐
Name and address of financing company: _____
_____

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."
This statement is required by the New Jersey Fraud Prevention Act of 1982

I certify that I have given truthful information in this report. *(Check on electronic version only)* ☐

SIGNATURE_____ **DATE**_____
Driver / Owner

PRINT E-MAIL