



MOTOR CYCLE

Insured Initials and Surname : _____

Effective Date : _____

* ☐ Replace ☐ Addition ☐ Cancellation ☐ Amendment

Make and Model _____

Year of Manufacture _____

Registration Number _____

Value of Motor Cycle _____

Registered Owner _____

Class of Use _____

Type of Cover _____

Locked Garage _____

Security _____

Voluntary Excess _____

* **PREVIOUS MOTOR CYCLE
TO BE REMOVED**
