



Motorcycle Insurance Quote

Phone # _____ Email address _____

Named Insured

Name of driver #1

Gender: Male _____ Female _____

Married or Single _____ D.O.B. _____ Driver License # _____ S.S.# _____

Has driver taken a motorcycle safety course in last 2 years _____ If so what date was it taken & name of course _____

Does rider belong to any motorcycle groups? If so what is the name _____ Membership # _____

Does rider have a motorcycle license _____ # of years experience riding a motorcycle _____

Name of driver #2

Gender: Male _____ Female _____

Married or Single _____ D.O.B. _____ Driver License # _____ S.S.# _____

Has driver taken a motorcycle safety course in last 2 years _____ If so what date was it taken & name of course _____

Does rider belong to any motorcycle groups? If so what is the name _____ Membership # _____

Does rider have a motorcycle license _____ # of years experience riding a motorcycle _____

Name of driver #3

Gender: Male _____ Female _____

Married or Single _____ D.O.B. _____ Driver License # _____ S.S.# _____

Has driver taken a motorcycle safety course in last 2 years _____ If so what date was it taken & name of course _____

Does rider belong to any motorcycle groups? If so what is the name _____ Membership # _____

Does rider have a motorcycle license _____ # of years experience riding a motorcycle _____

Mailing Address _____

Physical Address _____

County _____

Do you own, rent, etc _____

If own, is your home brick _____ frame _____ Mobile _____

If rent, do you have renters insurance _____

Name of prior insurance company _____

Expiration date _____

How long did you have insurance with that company _____

Can you show at least 6 months of continuous insurance with no lapse _____

Do you currently have any policy with Foremost, Farmers, Zurich, or Bristol - West _____

What kind of policy is it _____

Driving record (any accidents, tickets, or claims in last 5 years)

Driver#1 _____

Driver#2 _____

Driver#3 _____

Vehicles (Year, Make, Model, VIN)

VIN's are 17 characters

Vehicle #1 _____

Coverage

CC Size _____ Turbo or Supercharged _____ Current Value _____ Estimated Annual Mileage _____

Is it kept in a fully enclosed locked structure when not being ridden _____

Liability Limits 30/60/25 _____ 50/100/50 _____ 100/300/100 _____

Other than collision deductible (comp) 100 _____ 250 _____ 500 _____ 1,000 _____

Collision deductible 100 _____ 250 _____ 500 _____ 1,000 _____

Number of wheels _____ If Trike what brand or is it home made _____

Installed Professionally _____

Does bike have anti-lock brakes _____ Does bike have an alarm _____

Vehicle #2 _____

Coverage

CC Size _____ Turbo or Supercharged _____ Current Value _____ Estimated Annual Mileage _____

Is it kept in a fully enclosed locked structure when not being ridden _____

Liability Limits 30/60/25 _____ 50/100/50 _____ 100/300/100 _____

Other than collision deductible (comp) 100 _____ 250 _____ 500 _____ 1,000 _____

Collision deductible 100 _____ 250 _____ 500 _____ 1,000 _____

Number of wheels _____ If Trike what brand or is it home made _____

Installed Professionally _____

Does bike have anti-lock brakes _____ Does bike have an alarm _____

Optional Coverage

Uninsured/Under insured Motorists 30/60/25 _____ 50/100/50 _____ 100/300/100 _____

Personal Injury Protection 2500 _____ 5000 _____ 10,000 _____

Medical Payments 500 _____ 1,000 _____ 2,500 _____ 5,000 _____

Towing _____

Roadside Assistance _____

Does bike have extra added equipment _____ If so, How much is it worth _____

Send completed form to hensleeinsurance@gmail.com or fax to (817)447-3743. You can call us at (817)447-2771

Thank You For Your Submission We Will Get Back To You Very Soon....