



## Motorcycle Insurance Quote

Date  Phone #  Email

### Named Insured

**Name of driver #1**

Gender: Male  Female

Married  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  Single  D.O.B  Driver License #

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 Yes  No

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

### 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  None

Collision deductible 100  250  500  1,000  None   
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  None   
Collision deductible 100  250  500  1,000  None   
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

Any other comments:

**Send completed form to [hensleeinsurance@gmail.com](mailto: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....**