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## Hale Insurance, LLC

*Specializing in motorcycle & commercial trucking  
 in Texas and Arkansas*

Office: (903) 796-2929  
 (800) 256-7116  
 Fax: (855) 626-5780  
 www.HaleInsuranceLLC.com

Motorcycle Quote Form			
Name:			
Email Address:			
Home Phone:		Cell Phone:	
Address:			
State:	Zip:	County:	
Marital Status:		Sex:	Date of Birth:
Years Experience:		Licensed/Endorsed for MC?	
Driver's License #:			SSN:
Violations/Accidents in past 3 years (please include date and type of violation):			
Motorcycle Information (1)			
Motorcycle Year:		Year Purchased:	
Make:		Value:	
Model:		Anti-Lock Brake:	
Engine CC Size:		Vin # of unit:	
Trike?    Yes        No		If yes, please provide manufacturer and value of kit:	
Motorcycle Information (2)			
Motorcycle Year:		Year Purchased:	
Make:		Value:	
Model:		Anti-Lock Brake:	
Engine CC Size:		Vin # of unit:	
Trike?    Yes        No		If yes, please provide manufacturer and value of kit:	
Insured Information			
Do you have ANY insurance with Foremost or Progressive? If so, what kind?			
Coverage - Liab:		Homeowner?	
Coll/Comp:		House or Mobile Home?	
Prior Coverage?		Age of mobile home?	
What Co?		Do you have medical, health, or hospitalization insurance?	
MFSC Within the last 3 years?		Rider group (i.e. HOG, Honda Riders, CMA, AARP)?	

Please complete second page

Additional Operators	
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<b>Additional Operator 1</b>	
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Name:	
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Date of Birth:	SSN:
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Marital Status:	Sex:
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<b>Additional Operator 2</b>	
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Name:	
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Date of Birth:	SSN:
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Marital Status:	Sex:
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<b>Additional Operator 3</b>	
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Name:	
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Date of Birth:	SSN:
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Marital Status:	Sex:
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<b>Additional Operator 4</b>	
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Name:	
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Date of Birth:	SSN:
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Marital Status:	Sex:
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