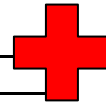




Rider: _____



Address: _____

Phone: _____ Age/DOB: _____ SSN: _____

Blood Type: _____ Drug Allergies: _____

Medical Alerts: _____

Daily Medications: _____

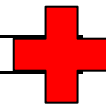
Family Doctor: _____

Medical Insurance #: _____

Emergency Contact: _____



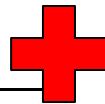
Motorcycle Insurance
Policy # / Agent / Ph.:



printed 00-00-00



Rider: _____



Address: _____

Phone: _____ Age/DOB: _____ SSN: _____

Blood Type: _____ Drug Allergies: _____

Medical Alerts: _____ Daily Medication: _____

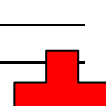
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