Recreational Vehicle

INSURANCE QUOTE REQUEST—RELEASE 8



Customer Informa	tion			
First Name:	Middle Name:	Last N	ame:	Gender: 🖬 M 🗔 F
Date of Birth: / /	Social Security Number:		Phone Number: ()
Mailing Address:			Marital Status: 📮 Married	🛛 🖵 Widowed 🗳 Single
			Years RV Operating Experi	ience
			Driving Record (prior 35	months)
E-mail Address:			Violations (all drivers):	
Other Operator Informati <u>Name</u>	on: (any operator in or outside the house access to insured vehicle more than 1 <u>Date of Birth</u>	12 times per year) <u>Marital Status</u>		
			Driver License Status:	
	l Trailer Information			
Motor Homes: Clas		Class C	Bus Conversion	Toter Home
	ventional <u>Pop-Up</u>	Gifth Wheel	Truck Camper	
	ifacturer:	Model/Series:		Body Style:
	—See Product Guide Pg. 5): \$			
Length of ownership:		Garaging ZIP Co	de:	
Vehicle Use: 🔲 <30 day	s 🔲 30-150 days 🛄 >15	50 days 🔲 Prim	nary Residence	
Underwriting Infor Primary Residence:		wn a Mabila Ham	e (varies by state) 🛛 🖬	Rent 🛛 Live with Parents
			e (varies by state)	
□ Other: Multi Owner □ Yes □ 1	No. Nomor			
Discounts: Discounts:		·		
Prior RV Insu	irance: 🛛 Yes 🖵 No 🤅 Pr	ior Carrier:	Expiration Dat	es:
	□ Total Loss Replacement (ne es: □ \$250 □ \$500 □ \$1	•	Windshield Coverage:	
Motor Home Only (Both) Li			UM/UIM Coverage Lir	nits:
Medical Payments Coverag			<u>\$10,000</u>	
Emergency Expense Covera	-	<u>n Physical Damage)</u>	□\$2,000 □\$7,	500 (Full Timer's only)
-	included—up to \$500,000):			
Personal Effects Coverage (
	ing Deductibles & Scheduled N		Yes No Road	lside Assistance: 🛛 Yes 🖵 N
Full-Timers Package: 🛄 \$50	0,000/\$100,000 🖵 \$100,000	0/\$300,000 🗅 \$	250,000/\$500,000 🗅 \$30	00,000 CSL 📮 \$500,000 CS
Additional Utility Trailer Co	verage (Motor Home only):			

Note To Customer (in credit states only): To provide an accurate quote, we have asked you numerous questions about yourself and your RV. As part of the quoting process, we will also be utilizing various consumer reports which may include reports regarding your credit history. All information we acquire may be provided to our insurance carriers. Please initial here if we have your permission to gather and share information as described herein:

Note To Agent: Not all programs and features are available in every state and the specifics of each program feature may vary by state. Please refer to your state page on ForAgentsOnly.com for details.