

# Recreational Vehicle

INSURANCE QUOTE REQUEST

## Customer Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex:  M  F

Date of Birth: / / Social Security Number: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Home Address: \_\_\_\_\_ Marital Status:  Married  Single  Other: \_\_\_\_\_

\_\_\_\_\_ Driving Record (prior 35 months) \_\_\_\_\_

\_\_\_\_\_ Number of/Nature of Tickets (all drivers): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Primary Residence:  Own Home/Condo \_\_\_\_\_

Own Mobile Home: 10 years old or newer \_\_\_\_\_

Rent \_\_\_\_\_

Live with Parents \_\_\_\_\_

Other \_\_\_\_\_ Automobile Driver License # \_\_\_\_\_

## Motor Home/Travel Trailer Information VIN # \_\_\_\_\_

Motor Homes:  Class A  Class B  Class C  Bus Conversion \_\_\_\_\_

Travel Trailers:  Conventional  Pop-Up  Fifth Wheel  Truck Camper # of slides \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Rating Base (include tax, title and license fees if TLR coverage): \$ \_\_\_\_\_

Garaging ZIP Code: \_\_\_\_\_

Anti-Theft Device: (varies by state)  Yes  No Anti-Lock Brakes:  Yes  No Length \_\_\_\_\_

Vehicle Use:  <30 days  30-150 days  >150 days  Primary Residence – check one:  Traveling  Non-Traveling

## Underwriting Information

Other Progressive Policies (5% Discount):  Automobile  Boat/PWC  Motorcycle/ATV/Snowmobile

Names of Co-Owners: \_\_\_\_\_

Names of Regular Operators: \_\_\_\_\_  
(Any operator with regular access to insured vehicle more than 12 times a year)

Names of Household Resident Operators: \_\_\_\_\_

## Coverage Information

Physical Damage Coverage:  Total Loss Replacement (RVs up to 2 model years old)  Agreed Value  Actual Cash Value

Physical Damage Deductibles:  \$250  \$500  \$1,000  \$2,500

Liability Coverage Limits (Motor Home Only): \_\_\_\_\_

UM/UIM Coverage Limits (Motor Home Only): \_\_\_\_\_

Medical Payments Coverage:  \$1,000  \$2,500  \$5,000  \$10,000

Emergency Expense Coverage:  \$750 (included)  \$2,000  \$7,500 (Full Timer's only)

Vacation Liability (\$10,000 – \$500,000): \_\_\_\_\_

Personal Effects Coverage (\$1,000 – \$99,000): \_\_\_\_\_

Deluxe Package (Disappearing Deductibles & Scheduled Medical Benefits):  Yes  No

Roadside Assistance:  Yes  No

Full-Timers Package:  \$50,000/\$100,000  \$100,000/\$300,000  \$250,000/\$500,000  \$300,000 CSL  \$500,000 CSL

Trailer Coverage (up to \$20,000; \$2,500 coverage included): \_\_\_\_\_

**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: \_\_\_\_\_