

Recreational Vehicle Insurance Quote Request

Coverage is not bound until we instruct you so and a binder or policy has been issued. Type or print and fax to us

Customer Information:

First Name: _____ Middle Name: _____ Last Name: _____ Sex: M F
 DOB: ____/____/____ Social Security Number: _____ Phone No: (____) _____
 Home Address: _____ Marital Status: M S Other
 City: _____ State: _____ Zip: _____ E Mail Address: _____
 Primary Residence: Own Home/Condo **Driving Records** : (prior 36 months)
 Own Mobile Home (10 years old or newer) Number of/ Nature of Tickets (all Drivers): _____
 Rent _____
 Live With Parents _____
 Other _____ Automobile Driver License Status: _____

Motor Home/Travel Trailer Information:

Motor Homes: Class A Class B Class C Bus Conversion
 Travel Trailers: Conventional Pop-Up Fifth Wheel Truck Camper
 Year: _____ Make: _____ Model: _____
 Rating Base (include tax, title, and license fees if TLR coverage): \$ _____ Garage Zip Code: _____
 Anti-Theft Device: (varies by state) Yes No Anti-Lock Brakes: Yes No
 Vehicle Use: < 30 days, 30-150 days, >150 days, Primary Residence – check one: Travelling Non-Travelling

Underwriting Information:

Other Progressive Policies (5% Discount): Automobile Boat/PWC Motorcycle/ATV/Snowmobile
 Names of Co-Owners: (Any operator with regular access to insured vehicle more than 12 times a year): _____

 Names of Household Resident Operator: _____

Coverage Information:

Accessory Coverage:

Physical Damage: Total Loss Replacement (RVs up to 2 model years old) Agreed Value Actual 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 Coverage (\$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 boat or PWC. As part of the quoting process, the insurance company 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: _____