

## Personal Recreational Vehicle Request for Quote

\*Fax 1-800-743-2810

Call 1-800-214-2351

Date: \_\_\_\_\_

### AGENT INFORMATION

Agent Name: \_\_\_\_\_  
Agent #: \_\_\_\_\_ Sub Producer No: \_\_\_\_\_  
Agent e-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### CUSTOMER INFORMATION

Last Name	First Name	Street	City, ST. Zip	Date of Birth
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### PERSONAL RECREATIONAL VEHICLE INFORMATION

Year	Manufacturer	Model	Model Number	Length	Value
VIN No.		Type (Class A, B, Conventional, Fifth Wheel, etc.)			
Is the Unit ever used in business?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Unit ever rented or loaned to others?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Unit jointly owned and in separate households?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Unit used as a residence for six (6) months or more per year?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the Principal Operator owned and operated the Unit for less than 12 months?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

### RECREATIONAL VEHICLE INFORMATION

OTC Ded:  \$250  \$500  \$1,000  \$ \_\_\_\_\_ Coll Ded:  \$250  \$500  \$1,000  \$ \_\_\_\_\_  
Bodily Injury:  50/100  100/300  300/500  \_\_\_\_\_ Property Damage:  \$50,000  \$100,000  
 \$300,000  \$ \_\_\_\_\_  
Medical Payments:  \$1,000  \$2,000  \$5,000  \$ \_\_\_\_\_ Uninsured Motorist:  50/100  100/300  
 300/500  \_\_\_\_\_  
Personal Effects:  \_\_\_\_\_ Replace Cost PE:  \$ \_\_\_\_\_  
Settlement Option:  ACV  Agreed Value  Replacement Cost

\*We Strive For A 15 Minute Turn Around for Fax Request.

Internal Use Only

CSR Signature: