

RV Insurance Solutions

Quotes in 15 Minutes! Fax to 214-206-4011

Unit delivery date: ____ / ____ / ____ Customer is waiting!

Does the customer...

- ★ Using the RV for business? Yes No
- ★ Living in the RV full-time? Yes No
- ★ Keeping the RV stationary? Yes No
- ★ Accidents / Tickets last 3 years? Yes No
- ★ The original RV Owner? Yes No
- ★ Have 12 months of previous RV insurance? Yes No

Motor Homes:

Class A Class C Camper Van Bus Conversion

Travel Trailers:

Travel Trailer Fifth Wheel Pop-up Truck Camper

Year: _____ Make: _____ Model: _____

Purchase Price: _____ (with TT&L) Married: _____ Single: _____

Customer Name: _____ DOB: _____ DL#: _____

SS#: _____

2nd Driver Name: _____ DOB: _____ DL#: _____

SS#: _____

Mailing Address: _____ City: _____ State: _____

Zip: _____ Phone: (____) _____

Vehicle Use: <30 days 30-150 Days >150 days

NOTE: Without customer's SS# or DL# the quote is subject to change. For exact premium you may provide both

Dealer:

Fax:

Main:



Simple Solutions for Smart Businesses.™

Fax: 214-206-4011 ♦ Phone: 866-417-1639