



RV/Motorhome Information Quote Sheet

Name of Insured/How will it be titled? _____

Drivers Names: _____

Drivers DOB: _____

Driver's License Number: _____

Have any drivers had any tickets or accidents in the last 3 years? ___ Y ___ N

Where will RV/Motorhome be kept? _____

Year: _____

Make: _____

Model: _____

Purchase Price: _____

Will it be used for pleasure use only? ___ Y ___ N

Approximately how many weeks a year will it be used? _____

Does it have any slide outs? ___ Y ___ N If yes, how many? _____

How long is the RV? _____

Would you have any coverage for personal effects? ___ Y ___ N

Is it financed? ___ Y ___ N

If yes, what is the bank's name & address?
