

# RV Insurance Hotline

**Fax: (705) 286-4769**

Customer Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone H. \_\_\_\_\_ W. \_\_\_\_\_ C. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Year First Licensed \_\_\_\_\_

Any At Fault claims in the last 3 yrs

Any tickets in last 3 years?

If yes, details: \_\_\_\_\_  
\_\_\_\_\_

Prior Auto Insurance Carrier \_\_\_\_\_

Auto Insurance Expiry Date \_\_\_\_\_

Home Insurance expiry date \_\_\_\_\_

RV Information:

Model: \_\_\_\_\_

Value: \_\_\_\_\_ Year of RV \_\_\_\_\_  
(before taxes)

Length: \_\_\_\_\_

Type:

Motorhome:	Trailer:
<input type="checkbox"/> Class A	<input type="checkbox"/> Cabin or Home Trailer
<input type="checkbox"/> Class B	<input type="checkbox"/> Tent Trailer
<input type="checkbox"/> Class C	<input type="checkbox"/> 5 <sup>th</sup> Wheel Trailer
	<input type="checkbox"/> Other Trailer _____

If Trailer: Rubber Roof

Parked Unit (in trailer park)

If yes, parked year round?

Coverages:

Claims Forgiveness (additional premium \$25)

All Quotes include All Perils with \$300 deductible; if customer requires alternate coverage or higher deductible(s), please indicate in Remarks.

Remarks:

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