

Motor Home/Travel Trailer Quote Form

1st Auto Agent
 Lead Referral
 Mutual Agent

Name		Mutual	
Address		Agency	
		Agent	
County			
Phone #		Phone #	
Business Phone		Fax	
E-mail		E-mail	

HOUSEHOLD INFORMATION

Dr #	Driver's Names	Sex	Marital Status	Relation	Date of Birth	SR-22 Needed	Soc. Sec.#
1							
2							
3							
4							

Dr #	License #	State	License Status	Claims/Accidents/Violations (last 5 yrs.)	Date	Claim Amount
1						
2						
3						
4						

VEHICLE INFORMATION

Dr #	Vehicle Year	Make	Model	VIN #	Value	Garage # Zip
1						
2						
3						
4						

Motor Home: Class A
 Class B
 Class C
 Prof. Bus. Conversion or Non-Profit Bus. Conversion
 Travel Trailer: Conventional
 Pop-up
 5th Wheel
 Mounted Camper
 Rec./Cargo Trailer
 Homeowner: Yes
 No
 Multi-owner Yes
 No
 Number of days per year occupied: _____
 Other policies with Progressive: Yes
 No
 Please list: _____
 Leins or additional insured: Yes
 No
 If yes, list vehicle #, name, and address: _____

Other insurance: Yes
 No
 If yes, list company: _____
 Mutual Policy: Yes
 No
 Quoted: Yes
 No
 Policy number and type: _____

COVERAGES

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
BI				
PD				
MED				
UM				
UIM				
OTC				
COLL				
VACATION LIABILITY				
PERSONAL EFFECTS				
ROADSIDE ASSISTANCE				
ADDITIONAL LINES				

Any customized equipment: Yes No

If yes, please list with value: _____

I have read the following paragraph to the applicant and they have given permission to continue:

I give the WRC Agency permission to collect information from consumer reporting agencies such as driving records, claims, and credit history reports. I understand that while I am currently just trying to obtain a quote on insurance, future reports may be used to update or renew coverage should a policy be purchased. I give permission for a representative from the WRC Agency to contact me to review this information and provide me with a quote on insurance.

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Signed by: Agent

Permission given by:

Date

<p>Additional information:</p>
