

P.O. Box 7988, Madison, Wisconsin 53707-7988

(608) 242-4519 or (800) 329-7020 Fax: (608) 442-5029 <u>www.wrcagency.com</u>

Motor Home/Travel Trailer Quote Form

Motor Home *Please specify what vehicle(s) are being quoted: Travel Trailer 1st Auto Agent Lead Referral Mutual Agent

			o Agei		Lead Rei			Mutual Agent		
		ccuracy of	f our qu	ote(s) provided to	you is only	as accurate as	the i	nformation that you ha	ave _]	provided to our agenc
	ent Name					Mutual				
	cluding M.I.) ent Address					Agency				
										
Но	w long at Addres	ss?				Agent				
	or Address	,			Agent		Agent Phone #			
	less than 2 years ent County)				Agent E-ma			—	
	ent County ent Phone #					Client E-ma	-			
				DRIVE	R INFO	ORMAT	<u> IC</u>	<u>N</u>		
	Driver Name	Se	ex	Marital Status	Relati	on to Insure	ed	Date of Birth		SR-22 Filing?
1.										
2.										
	Driver's License	e# St	ate of l	Driver's License	License Status Social S		ial Security # Years of Expe		ears of Experience	
1.										
2.										
				CLAIM	I INFC	ORMAT	IO	N		
	Driver Name	Claims	/Accid	ents/Violations v					C	laim Amount
1.										
2.										
									\dagger	
3.									igspace	
4.										
		•	PRI	OR INSUI	RANC	E INFO	RN	ATION		
	Has th	e vehicle						lease fill out the nex	xt se	ection.
				Yes				lo		
Cu	rrent Insurance	Compan	y: Nı	umber of years w	ith the co	mpany:	Poli	cy Period:		Premium:
	1			, , , 1						<u> </u>
∣ Pl∈	ase list other cor	npanies :	already	y quoted with:						

<u>VEHICLE INFORMATION</u>

	Year	Make	Model	VIN#//Serial #	Length	Primary Operator
1.						
2.						
3.						
4.						

	Original Owners?	Year Purchased?	Purchase Price	Market Value	Garaging Zip & State
1.					
2.					
3.					
4.					

COVERAGES

	<u>\</u>	<u>COVERAGES</u>	
Bodily Injury & Property Damage Liability			
Medical Payment Liability			
Uninsured Motorist Liability			
Underinsured Motorist Liability			
Comprehensive Deductible			
Collision Deductible			
Roadside/Towing Coverage			
Vacation Liability			
Personal Effects (A/C/V)			
Personal Effects (R/C)			
Emergency Expense			
Personal Property			
Scheduled Medical Benefits			
Adjacent Structures			
Transport Trailer Value			

GENERAL INFORMATION

Motor Home:	Class A	Class B	Class	s C	Prof.	Business Conversion/N	on-Profit Bus
Travel Trailer:	Conventional	Pop	-Up	5 th W	Vheel	Mounted Camper	Rec./Cargo
Number of Days per Year Occupied:							
Lien holder/Add'l Insured:	Ŋ	Zes			No		
Lien holder Info:							
Customized Equipment:	Ŋ	Zes			No		
Description & Value of Customized Equipment:							
Location Type:	Re	sidential-	Inside St	orage	I	Residential-Outside Stor	rage
		Other-Ins		C	ness Fac	Other-Outside Storag	e
			C			cility-Inside Storage	
Vehicle Usage:							
Any permanent skirting, deck or electrical? Is it on blocks or are tires removed? Please explain.							

DISCOUNTS

Homeowner? (Proof required with application)	Yes	No
If Mobile Home, > 10 years?	Yes	No
EFT (Electronic Funds Transfer):	Yes	No
Paperless Billing:	Yes	No
If Yes, please provide client's E-mail address:		

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

The companies used by the WRC Agency collect information from credit history and loss reports for rating purposes. This information is shared only with the companies in which we quote. Do we have permission to order this information and provide you with proposal for coverage?

Agent Signature (Required)	Permission Given By: (Required)	Date: (Required)

Please list additional information if it was not stated above: