

modernLINE

AMERICAN MODERN INSURANCE GROUP, INC.

Personal Recreational Vehicle Request for Quote

*FAX 1-573-348-5638

Call 1-800-985-3679

Date: _____

AGENT INFORMATION

Agency Name _____	
Agent #: 052558	Sub Producer # _____
Agent e-mail: _____	Phone Number: _____
Contact Person: _____	Fax Number: _____

CUSTOMER INFORMATION

_____	_____	_____	_____	_____	_____
Last Name	First Name	Street	City, ST	ZIP	Date of Birth

OPERATOR INFORMATION

Name	Date of Birth	Marital Status	Gender	Accident/Violations
_____	_____	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> M <input type="checkbox"/> F	_____

RECREATIONAL VEHICLE INFORMATION

Year: _____ Manufacturer: _____ Model: _____ Model # _____ Length: _____

Value: _____ Vin # _____ Type (Class A, B, Conventional, Fifth Wheel, etc.) _____

COVERAGE - ELIGIBILITY INFORMATION

Has the Principal Operator owned and operated motorhomes for less than 12 months? Yes No

Is unit jointly owned by persons residing in separate households? Yes No

Is the unit used as residence 6 months or more per year? Yes No

If the unit a Motor Home, is it a conversion unit? Yes No If the unit a Travel Trailer, is it stationary? Yes No

If unit is a Travel Trailer, is it used for hauling animals? Yes No

Is there any broken glass or physical damage to the unit? Yes No

IF "YES" IS ANSWERED FOR THE FOLLOWING QUESTIONS, THE ENTIRE RISK IS INELIGIBLE

Is unit ever rented or loaned to others? Yes No Has owner filed bankruptcy in last 7 years? Yes No

Is unit driven to work or school? Yes No Is unit registered or garaged outside the United States? Yes No

Is unit titled in the name of a corporation or association? Yes No Is unit used for business? Yes No

RATING INFORMATION

OTC Ded: 250 500 1,000 \$ _____ Coll Ded: 250 500 1,000 \$ _____

Bodily Injury: 50/100 100/300 300/500 _____ Property Damage: 50/100 100/300 300,000 \$ _____

Medical Payments: \$1,000 \$2,000 \$5,000 \$ _____

Uninsured Motorist: 50/100 100/300 300/500 \$ _____

Personal Effects: _____ Replace Cost PE \$ _____

Settlement Option: ACV Agreed Value Replacement Cost

*We strive for a fast turn around for quotes.