



RV INSURANCE QUICK QUOTE

Fax Completed Form To
1-866-759-5656

REFERRED BY: **Dealership:** **J&M Camper Sales** **Contact:** **Jeff Stoddard**

Phone No. **(207) 623-4047** **Fax No.** **(207) 621-2351**

(PLEASE PRINT)	BUYER INFORMATION	CO-BUYER INFORMATION
Name		
Mailing Street Address		
City		
State Zip		
Home Phone Number		
Work Phone Number		
Marital Status (Circle One)	(Married) (Single) (Widowed)	(Married) (Single) (Widowed)
Date of Birth		
Social Security Number		

VEHICLE INFORMATION			
Year	Make	Model/Length	Purchase Price + Tax \$
Type of RV: (Circle One) Travel Trailer Motor Home Van Camper 5th Wheel Tent Camper Truck Camper Park Model			
Purchase Information: (Circle One) New Used and Date of Purchase (/ /)			
For Travel Trailers: Vehicle Usage? (Circle One) Tow Stationary			

OTHER ADDRESS INFORMATION				
Stationary Address: (Include Campground Name & Site No. if applicable) →				
Street	City	State	Zip	County
Registration Street Address: (If Different From Mailing Address)				
Street	City	State	Zip	
Garaging Address: (If Different From Mailing and Registration Address)				
Street	City	State	Zip	

PLEASE ANSWER THE FOLLOWING QUESTIONS (circle one)		
Are you a member of an RV Association or Manufacturer's Club?	YES	NO
Do You Have a Commercial Drivers License, (CDL)?	YES	NO
Have You Taken A Defensive Driving Course?	YES	NO
Is This Vehicle Equipped With an Audible Anti-Theft Device?	YES	NO
During The Past 3 Years Have You Had Any Accidents or Violations?	YES	NO
Is this Vehicle Owned by any Other Person other than Your Spouse?	YES	NO
Will This Vehicle be used for the Generation of Income or for Business Purposes?	YES	NO
Will This Vehicle Be Your Full Time Residence 5 or More Months Per Year?	YES	NO
Will This Vehicle Be Rented, Loaned for a Fee or Leased?	YES	NO