RV Certificate of Insurance Request Form

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Renter): \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your insured, \_\_\_\_\_\_\_\_\_\_\_\_\_\_is currently planning on renting a recreational vehicle from Michelle and Wayne Ellsworth**.** Your insured has chosen to have his/her personal vehicle insurance as **primary** insurance for the period of this rental. In order to fulfill the request of your insured, a Certificate of Insurance is required. The Certificate of Insurance should cover the vehicle and name the **Owner** as an additional insured. In order to satisfy our requirements, the insurance provided by you must include **primary** comprehensive and collision coverage and **primary** liability coverage. **This promise of primary insurance coverage may amend the terms of your policy.**

Your policy must cover up to the actual cash value of the rented motorhome. The estimated value of the motorhome your insured will be renting is **$­­­­­­­­­­­­­­­­­­­­­­­­­­50,000\_\_\_\_\_\_\_.** The loss payee should be listed as **Michelle and Wayne Ellsworth\_\_\_\_\_\_(Owner)**. **No collision or comprehensive deductibles shall exceed $1,500.00. Liability coverage limits of $100,000/$300,000 are required. Uninsured and under-insured coverage limits of $100,000 and $300,000 are also required.**

Certificate of Insurance effective from **1/9/2021** 12:01 AM through **1/23/2021** 11:59 PM.

1. Year, Manufacturer, Make, and Model: **2010 Winnebago Outlook 31 C**
2. Drivable Unit: **\_\_\_\_\_\_yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. Length of Unit: **\_\_\_\_31’\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. Vehicle Identification Number (VIN): **\_\_\_** 1FDXE4FSXADA20858  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. License Plate State: **HD 34861**
6. Gross Vehicle Weight (GVW): **\_\_\_\_14500 lbs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please email a Certificate of Insurance ASAP to: \_adventureboundeasyrvrentals@gmail.com\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rental Owner Name: **\_Michelle and Wayne Ellsworth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address: **\_\_\_\_626 Terrace Ln\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City, State and ZIP: **\_\_Sutherlin OR 97479\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Thank you in advance for your prompt attention to this matter. Please sign and email this request form with the Certificate of Insurance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agent / Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency / Insurance Company

Revised 2020-05-13

Copyright © 2017-2020 by Silver Cloud Enterprises LLC (Arizona). All rights reserved. May not be redistributed without written permission.