

**Max Ins. Agency Inc.**  
**Personal Line's Specialist**  
**P.O. Box 963 Green Bay, WI. 54305**  
**1-920-593-0331**  
**Website: Maxinsagency.com**

## **TRAVEL TRAILER QUICK QUOTE**

( Start info needed next to each line below \_ )

**Name\_**                      **Effective Date Requested \_**

**Address\_**

**Phone No.\_**                      **Email\_**

### **Current Coverages**

**Liability Limits \_**

**Collision\_**

**Comprehensive \_**

**Deductible \_**

### **TRAVEL TRAILER INFORMATION**

**Year\_**

**Make \_**

**Model\_**

**Length\_**

**Value\_**

**Stored inside or outside During Winter Months \_**

**PRIOR CARRIER\_**                      **EXPIRATION DATE\_**

**Any Claims Last 3 Yrs.**

**1\_**

**2\_**

**3\_**

**EMAIL TRAVEL TRAILER QUICK QUOTE FORM TO:**  
**Maxinsagency@gmail.com**

**TO BIND : SIGNED APPLICATION AND PAYMENT OR PAY PLAN.**