

Recreational Vehicle

INSURANCE QUOTE REQUEST—RELEASE 10

Concordia Brokerage of L.I. Ltd.

PROGRESSIVE®

Customer Information

First Name: _____ Middle Name: _____ Last Name: _____ Gender: M F

Date of Birth: ____/____/____ Social Security Number: _____ Phone Number: (____) _____

Mailing Address: _____ Marital Status: Married Widowed Single

Email Address: _____ Years RV Operating Experience: _____

Other operator Information: (any operator in or outside the household with regular access to insured vehicle more than 12 times per year) Driving Record (prior 35 months) _____

Violations (all drivers): _____

Name	Date of Birth	Marital Status	Relation to insured	Driver's License Status:	Driver's License #:

Motor Home/Travel Trailer Information

Motor Homes: Class A Class B Class C Bus Conversion Toter Home Toy Hauler Converted School/Transit Style Bus Yes No

Travel Trailers: Conventional Pop-Up Fifth Wheel Truck Camper Toy Hauler Utility Trailer Stationary (see Unacceptable Risks on page 8)

Year: _____ Manufacturer: _____ Model/Series: _____ Body Style: _____ Length of RV: _____

Value of RV (Purchase Price—See Product Guide on page 7): \$ _____ Length of ownership: _____ Garaging ZIP Code: _____

Is the RV stationary in a single location year round? (see Unacceptable Risks on page 8) Yes No Is the RV ever rented to others or used for any commercial purposes? Yes No

Vehicle Use: <30 days 30 – 150 days >150 days Primary Residence

Underwriting Information

Primary Residence: _____

RV (Full Timer) Own a Home/Condo Own a Mobile Home (varies by state) Rent Live with Parents Other: _____

Is the RV rented (to other) Yes No Multi Owner: Yes No Names: _____

Discounts: Multi Policy Original Owner Prior RV Insurance: Yes No Prior Carrier: _____ Expiration Dates: _____

Coverage Information

Settlement Options: Total Loss Replacement (new RVs up to two model years old) Actual Cash Value Agreed Value (where available)

Comprehensive Coverage: \$250 \$500 \$1,000 \$2,500 \$5,000 Collision Coverage: \$250 \$500 \$1,000 \$2,500 \$5,000

Motor Home Only Liability Coverage Limits: _____ UM/UIM Coverage Limits: _____

Medical Payments Coverage: \$1,000 \$2,500 \$5,000 \$10,000 Windshield Coverage: Yes No

Emergency Expense Coverage: \$750 (included with Comprehensive and/or Collision) \$2,000 \$7,500 (Full Timer's only)

Vacation Liability (\$10,000 included with Comprehensive and/or Collision up to \$500,000): _____

Personal Effects Coverage (\$1,000 – \$99,000): _____

Disappearing Deductibles: Yes No Roadside Assistance: Yes No

Full-Timers Package: \$50,000/\$100,000 \$100,000/\$300,000 \$250,000/\$500,000 \$300,000 CSL \$500,000 CSL

Additional Utility Trailer Coverage (Motor Home Only, requires both Comprehensive & Collision): _____

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Vermont customers sign here to consent to this collection and use of credit and other information: _____

Note To Agent: Not all programs and features are available in every state and the specifics of each program feature may vary by state. Please refer to your state page on [ForAgentsOnly.com](#) for details.

(Revised 6/9/21)

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Send back to: quotes@cbl.net