COMMERCIAL USE INSURANCE WORKSHEET
THIS IS NOT AN APPLICATION!

Thum Insurance Agency, L.L.C.
3140 3 Mile Rd NE
Grand Rapids, MI 49525-3165
800-866-0777 Fax: 616-957-1204

Fax or email this worksheet to us for a proposal.
This is just a worksheet to gather information for a quotation.

Agent Certification

Producer Name: _____

Address: _____

_____

Contact: _____ Agency Code: _____

Phone: _____ Fax: _____

State: ___ County where unit is Garaged or Located: _____ **Effective Date:** _____ **Purchase Date:** _____

Applicant:
Phone: _____

Co-Applicant:
First Name: _____ M.I. ___ Last Name _____Phone: _____

Mailing Address: _____City: _____ State:____ Zip: _____

Principal Garaging/Storage
Location: (if not same as mailing) _____City: _____ State: ___ Zip: _____

Registration
Address: _____**City:** _____ **State:** ___ **Zip:** _____

Driver Information (complete for all drivers)

Driver #	Name	Birth Date	Sex	Marital Status	Driver's License # (Valid U.S. or Canadian)	Social Security Number	# of years RV driving experience
1			M ☐ F ☐	S ☐ M ☐			
2			M ☐ F ☐	S ☐ M ☐			
3			M ☐ F ☐	S ☐ M ☐			

Violations:

Driver #	Name	Violation Type (ie. afa, speed, etc)	Date of Violation	Comments:

Vehicle Information

Year	Make	Model	Length	Vehicle ID #	Current Value	Purchase Price
					$	**$**
					$	**$**

Type of Vehicle

☐ Conventional Motor Home (Class A) ☐ Mini Motor Home (Class C) ☐ Camper Van (Class B) ☐ Conventional Travel Trailer ☐ Fifth-Wheel Travel Trailer ☐ Pop-up Camper ☐ Mounted Camper

☐ Bus Conversion *(professional)*

Special Hazard ☐ Risk/Non-Professional RV Conversion (Two Interior and Two exterior photos showing all sides of RV must be submitted.)

Loss Payee

Name, Address, City, State and Zip

Coverages Worksheet

Base Limits: Motor Home – Full Package[ ] Motor Home – **Liability Only [ ]** BI/PD & UM/UIM BI/PD and basic medical only **[ ]**

Full Package Includes the following:
100,000/300,000/50,000 Bodily Injury/Property Damage
Basic Personal Injury Protection / Medical Payments
Comprehensive ACV less $500 Deductible
100,000/300,000 Uninsured/Underinsured BI
Collision $ACV less $500 Deductible

Base Limits: Travel Trailer – Full Package **[ ]** Travel Trailer - Commercial Use **[ ]** (Supplemental form required)

Full Package Includes the following: Comprehensive $ACV less 500 deductible Collision $ACV less 500dDeductible

OPTIONAL LIMITS – for all age & marital status groups (* Not available for Travel Trailers)

Deductibles
Comprehensive [ ] $250 [ ] $1,000 [ ] $2,500 [ ] $5,000
Collision [ ] $250 [ ] $1,000 [ ] $2,500 [ ] $5,000

*** Bodily Injury & Property Damage**
[ ] 250,000/500,000/100,000
[ ] 300,000 combined single limit [ ] 500,000 combined single limit
[ ] 1,000,000 combined single limit [ ] Other _____

*** UM/UIM Bodily Injury**
[ ] 250,000/500,000/100,000
[ ] 300,000 combined single limit [ ] 500,000 combined single limit
[ ] 1,000,000 combined single limit [ ] Other _____

Discounts - Discounts may not be applicable in all states. Obtain certificate for RV Assoc & or Mfg Club
RV Association [ ] list: _____ Manufacturer's Club [ ] list:_____ Audible Alarm [ ] CDL [ ]
Garaged Unit [ ] Travel Trailer Only - Hail Proof Roof [ ] Fiberglass Construction [ ]

Underwriting Questions: COMPLETE ALL QUESTIONS TO RECEIVE INSURANCE QUOTE

1. Describe the occupation or business of the named insured and how the vehicle is used in the business (*i.e., how will it help produce income for the business, are items produced in the unit?*):
_____
2. What percentage of operating expenses for the unit is deducted as business expenses for tax purposes? _____%
3. Are there any logos, signs or other advertising on the unit? [ ] Yes [ ] No If yes, please describe:
_____
4. Estimated annual mileage for the motor home? _____
Current odometer reading on the motor home? _____
5. Do employees travel in the unit? [ ] Yes [ ] No If yes, maximum number at any one time: _____
If yes, are they covered by worker's compensation? [ ] Yes [ ] No
6. Do any customers ever travel in the unit? [ ] Yes [ ] No If yes, please describe:
_____
7. Please list anyone traveling in the unit other than customers or employees:
_____
8. Do any customers ever enter the unit while it is parked at a business location? [ ] Yes [ ] No
If yes, please describe the frequency and purpose for customers in the unit and describe the location:
_____
9. Please list anyone that is permitted in the unit while parked other than customers or employees:
_____
10. Provide detail of trips taken and mileage from origination to destination in the last 12 months:

Total number of trips taken:	Mileage from origination to destination:
_____	0 - 50 Miles
_____	50 - 200 Miles
_____	Over 200 Miles

11. Have there been any claims of any kind involving the insured vehicle in the last 3 years? [ ] Yes [ ] No
If yes, please describe below (*include date of loss, amount paid and facts of loss*):
_____
12. Where is the recreational vehicle stored when not in use?
_____
13. Do you have a current General Liability policy? [ ] Yes [ ] No
If yes, what are the policy limits and what is the name of the insurance carrier?
_____

Please provide any additional detailed information that can help in the underwriting process of this unit:
_____

The undersigned hereby warrants and certifies that all information contained herein is correct to the best of my knowledge.

Client Signature X _____Date _____

Agent Signature X _____ Date _____

THIS IS ONLY A WORKSHEET NOT AN APPLICATION

Print Form