RECREATIONAL VEHICLE INSURANCE WORKSHEET

THIS IS NOT AN APPLICATION

Thum Insurance Agency, L.L.C.
3140 3 Mile Rd NE
Grand Rapids, MI 49525-3165
Email: sales@thuminsurance.com
800.866.0777 Fax: 616.957.1204

Please fax or email the worksheet in for a proposal.
Please call our office to bind coverage.
This is simply a worksheet to gather information for a quotation.

Agent Information

Producer Name: _____

Address: _____

_____

Contact: _____

Phone: _____ Fax: _____

Email: _____

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

Applicant:
First Name: _____ M.I._____ Last Name: _____ Phone: _____

Co-Applicant:
First Name: _____ M.I. _____ Last Name: _____ Phone: _____

Is Co-Applicant living in same Household? [ ] Yes [ ] No (If no, list as Additional Insured)

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)

Name	Birth date Mo./Day/Yr.	Sex	Marital Status	Driver's License # & State (Valid U.S. or Canadian) ST	Social Security #	# of Years Operating RV's	Of all violations in the past 36 Months At-fault	Minor	Major
		M ☐ F ☐	S ☐ M ☐						
		M ☐ F ☐	S ☐ M ☐						
		M ☐ F ☐	S ☐ M ☐						

List Violations on Page 2

Vehicle Information How is this unit used? Pleasure Use [☐] Full-Timer Use [☐] Stationary Use [☐]

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) [☐] Medium Duty Tow

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

Additional Insured

Name, Address, City, State and Zip

Coverage Worksheet

Base Limits Motor Home – Full Package [ ] Motor Home – Liability Only [ ] BI/PD & UM/UIM BI/PD, AND BASIC PIP ONLY

Full Package Includes the following:

$100,000/$300,000/$50,000 BI/PD	$750 EMERGENCY VACATION EXPENSE
$100,000/$300,000 UM/UIM BI	UNLIMITED TOWING REIMBURSEMENT (to the nearest repair facility) & ROADSIDE LABOR
$50,000 UM PD with $500 Deductible	$10,000 VACATION LIABILITY
BASIC PIP / MEDICAL PAYMENTS	$1,000 REPLACEMENT COST PERSONAL EFFECTS
COMPREHENSIVE ACV less $500 Deductible	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	UNLIMITED TOWING REIMBURSEMENT (to the nearest repair facility) & ROADSIDE LABOR
COLLISION ACV less $500 Deductible	$10,000 VACATION LIABILITY
$750 EMERGENCY VACATION EXPENSE	$1,000 REPLACEMENT COST PERSONAL EFFECTS

OPTIONAL LIMITS - (* 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

***** 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

Vacation Liability
[ ] $25,000 [ ] $50,000 [ ] $100,000 [ ] $300,000 [ ] Other_____

Replacement Cost Personal Effects
Base $1,000
[ ] Additional amount desired _____ (round to the nearest thousand)
Inventory list required if over $5,000 / $100 Deductible for Theft

Additional Coverage's – * May not be applicable in all states or with all carriers

Full-Timers Bodily Injury
[ ] $50,000/$100,000 [ ] $100,000/$300,000
[ ] $250,000/$500,000 [ ] $300,000 combined single limit
[ ] $500,000 combined single limit [ ] $1,000,000 combined single limit

[ ] ***Total Loss Replacement Coverage**

[ ] ***Purchase Price Coverage**

[ ] ***Agreed Value** (Based on the market value of a qualified appraisal)

***Valuable Personal Property Limit** $_____
Inventory list required

[ ] **Diminishing Deductible** (Ded. Decreases 25% each claim free year)

[ ] ***Medical Benefits** ($60,000 Maximum)

[ ] **Mexico Coverage** (covers physical damage throughout the Republic of Mexico)

[ ] ***Adjacent Structures** Maximum limit $2,000 [ ] ***Golf cart / Moped Coverage**

[ ] ***Awning Replacement Coverage** *Only available with Total Loss

[ ] ***$100 Windshield Glass Deductible**

Discounts / Surcharges - * Discounts may not be applicable in all states. Obtain certificate for RV Assoc &/or Mfg Club

RV Association: _____ Manufacturer's Club: _____ Audible Alarm: Y [ ] N [ ] Experienced Operator Y [ ] N [ ]

Approved Safety Course [ ] CDL [ ] Garaged Unit: Y [ ] N [ ] Travel Trailer Only: Hail Proof Roof [ ] Fiberglass Construction [ ]

Underwriting Questions – Please answer all questions

	Yes	No
1. Is the Motor Home/Travel Trailer used as a primary residence ?	[ ]	[ ]
2. Is the Motor Home the only vehicle in the household?	[ ]	[ ]
3. Do you currently own or rent a home?	[ ]	[ ]
4. Do you currently have a Homeowners/Tenant Policy?	[ ]	[ ]
5. Do you currently use a mail forwarding service?	[ ]	[ ]
6. Is or will the unit be rented or leased?	[ ]	[ ]
7. Is or will the unit be used strictly for recreational purposes?	[ ]	[ ]
8. Is or will the unit be used in connection with any operators business or profession?	[ ]	[ ]
9. Is the motor home a converted school or public transit bus?	[ ]	[ ]
10. Is the unit owned by two or more individuals residing in separate households?	[ ]	[ ]
11. Does any operator have a significant mental or physical impairment?	[ ]	[ ]

12. What is the estimated annual mileage? _____
13. Please list all accidents and violations within the past three years.

The undersigned hereby warrants and certifies that all information contained herein is correct to the best of my knowledge and that this form was completed and signed by the Producing Agent.

Agent Signature X _____Date _____

THIS IS ONLY A WORKSHEET NOT AN APPLICATION

Print Worksheet