

RV Questionnaire

Full Name (First, MI, Last):	
Home Address:	
Phone Number & Email Address:	

Please provide the following information for EACH DRIVER:

Full Name:	
Date of Birth:	
Marital Status:	
Driver's License Number:	
Years RV Operating Experience:	
Safety Course Taken:	Type & Date:
Auto & recreational vehicle accidents, tickets, claims & violations in <u>5 years</u> :	

Please provide the following information for EACH VEHICLE:

Type:	Class A RV / Class B RV / Class C RV / Bus Conversion Travel Trailer / Pop-Up / Fifth Wheel / Truck Camper Toy Hauler / Utility Hauler
Year:	
Make:	
Model:	
Body Style/Length:	
VIN #:	
Value (Current Market Value OR Purchase Price Value including tax & title fees):	
Primary Driver:	
Safety Features:	
Permanently Attached Features:	
Describe Existing Damage:	
Annual Usage:	<30 days / 30-150 days / >150 days / Primary Residence
Parked in a single location year round?	Yes/No If yes, address & county:
Garaging Zip Code:	
Purchase Year:	

Current Insurance Info:

Current Insurance Company & Due Date:	
List ALL coverages:	BI/PD: Comp Deductible: Med Pay: Collision Deductible: UM/UIM BI: UMPD: Vacation Liability: Personal Effects: Other Coverages:
Loss Settlement Type:	Total Loss Replacement/Agreed Value/ACV

If not insured, please list reason & date coverage went out of force:

Additional Info:

Do you own a home or rent?	
Is the RV ever rented to others?	
Do you have other "toys" that you would like to discuss coverage on?	

Date Questionnaire Completed: _____ Completed By: _____

If you have a copy of your current "Declaration Page", please forward that to us as proof of prior coverage and to use for comparison purposes.

Submission of information for a quote in no way binds coverage. Personal information will be used solely for underwriting purposes. Submission of information gives the Gary J Bach Agency permission to run all reports necessary to quote accurate insurance premiums.

**Please return this form to Gary J Bach Agency 1107 N Blackhawk Blvd Ste A Rockton, IL 61072
Fax: 815-624-0673 Email: GJB@BachInsurance.com or Call: 815-624-0663**

Please tell us how you heard about our office: