

# Insurance Online, TEXAS

James Stafford Insurance Agency  
1562 NW Access Rd.  
Mount Vernon, TX 75457

RV Quote Request

Phone: (903) 537-2819

Toll-Free: 1-888-869-4904

Fax: 1-888-475-4437

Requested Effective Date: \_\_\_\_\_

Name:			Telephone:		
Address:			Bus. Telephone:		
City:	State:	Zip:	Other Phone:		
Employer:		County:	Email Address:		

In order to provide the best price available to you, we need the following information on all drivers. This is strictly used for quoting your insurance program. Once your quote is complete, the information is destroyed within approximately 15 days. All information is strictly confidential and is destroyed by shredding before being discarded.

**List of Drivers**








Full Name of Driver (s)	Gender	Social Security #	Drivers License #	Date of Birth
1.	M F			
2.	M F			
3.	M F			
4.	M F			

Only the primary and secondary driver need to list the social security number.

Please provide detail of any citations, accidents or comp claims in the past 36 months. Please provide details: \_\_\_\_\_

Are you currently insured?  YES  NO How long have you been continuously insured? \_\_\_\_\_

Name of Current Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Please Check One:	<input type="checkbox"/> Motorhome 	<input type="checkbox"/> Class C Motorhome 	<input type="checkbox"/> Camper Van 	<input type="checkbox"/> Travel Trailer 	<input type="checkbox"/> Pop-up Camper 	<input type="checkbox"/> 5th Wheel Camper 	<input type="checkbox"/> Mounted Camper 
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**RV Vehicles**

#	Year	Make	Model	VIN/Serial Number*	Actual Cash Value \$	Lienholder
1						Y N
2						Y N

\*Vin/Serial number is optional, but provides a more accurate quote if provided.

**Coverage:**

Liability: 20/40/15 25/50/25 50/100/50 100/300/100 other: \_\_\_\_\_  
 optional Medical: 2,500 5,000 10,000  
 optional PIP: 2,500 5,000 10,000  
 optional Um BI 20/40 25/50 50/100 100/300 other: \_\_\_\_\_  
 optional Um PD 15 25 50 100 other: \_\_\_\_\_  
 optional OTC ded. 50 100 250 500 1000 Veh: 1\_\_\_\_ 2\_\_\_\_ (Mark Vehicles desire coverage)  
 optional Collision ded. 50 100 250 500 1000 Veh: 1\_\_\_\_ 2\_\_\_\_ (Mark Vehicles desire coverage)  
 optional Towing Veh: 1\_\_\_\_ 2\_\_\_\_ (Mark Vehicles desire coverage)

**NOTICE:** As a part of our underwriting process for all applicants, to provide you with an accurate premium amount, we have asked a series of questions, some of which are confirmed through consumer reports, which may include credit information. If this is acceptable and the form is completed in its entirety, please sign and date as acceptance of these terms and conditions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_