

RV Insurance Application

TELL US ABOUT YOURSELF

NAME (FIRST, MI, LAST)		DATE OF BIRTH		DRIVERS LICENSE / SS#	
STREET ADDRESS		CITY	STATE	ZIP CODE	HOME PHONE
GARAGING ADDRESS		CITY	STATE	ZIP CODE	WORK PHONE
OCCUPATION	EMAIL ADDRESS			CELL PHONE / OTHER	

LIST ALL DRIVERS

DR #	NAME (AS SHOWN ON LICENSE)	M/F	DATE OF BIRTH	% OF USE	DRIVER'S LICENSE NUMBER	STATE	DATE	ACCIDENT/VIOLATION (DESCRIPTION)	# YEARS DRIVING EXPERIENCE
1									
2									

DESCRIPTION OF MOTOR HOME

YEAR	MAKE & MODEL	SERIAL NUMBER	LENGTH	MARKET VALUE	DATE PURCHASED	PURCHASE PRICE	ANNUAL MILEAGE

PLEASE COMPLETE THE FOLLOWING QUESTIONS

1	Has the principal operator owned and operated a Motor Home for 12 months or more?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
2	Have there been any losses with previous Motor Homes?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
3	Does the Motor Home have Factory / Dealer built-in sleeping and cooking facilities?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
4	Is the Motor Home used in connection with any operator's business or profession or other recreational purpose?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

FOR OFFICE USE

ALL APPLICANTS: In submitting this application, you warrant and represent that the information that you are furnishing is truthful, accurate, and supplied voluntarily. I hereby authorize and request RVDream Finance & Insurance to produce an insurance quote(s) on my behalf.

APPLICANT SIGNATURE

DATE

RVDREAM CONTACT INFORMATION

Please fax completed application to **714-774-7414**
 If you would like to speak with us directly, please call **714-774-1875**

MAILING ADDRESS

300 S. Harbor Blvd. Suite 816
 Anaheim, CA 92805