



**A copy of your current policy is required for a quote**

# Questionnaire for Motorhome / Travel Trailer Insurance Quote

1178 Fay Blvd. Port St. John, Florida 32927

Phone: 321-633-1500 / Fax: 321-633-3731

Email: tammy@thecanopyagency.com



**NOTE: You are responsible for any personal information you email to us until it reaches our servers. If this is a concern please fax, mail or hand deliver this form to us. Drop off – After hours slot available in door.**

Name \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Current Carrier: \_\_\_\_\_ Renewal Date: \_\_\_\_\_ Renewal Premium: \$ \_\_\_\_\_

How did you find us? \_\_\_\_\_ Would you like a quote for a liability umbrella as well? \_\_\_ Yes \_\_\_ No

Primary Residence: \_\_\_ Own Home/Condo \_\_\_ Own Mobile Home \_\_\_ Rent \_\_\_ Other

**Motor Home/Travel Trailer Information:** Is this your primary residence? \_\_\_ Yes \_\_\_ No

**Motor Homes:** \_\_\_ Class A \_\_\_ Class B \_\_\_ Class C \_\_\_ Bus Conversion

**Travel Trailers:** \_\_\_ Conventional \_\_\_ Pop Up \_\_\_ Fifth Wheel \_\_\_ Truck Camper

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Length: \_\_\_\_\_

MSRP: \$ \_\_\_\_\_ Anti-Theft Device? \_\_\_ Yes \_\_\_ No Anti-Lock Brakes? \_\_\_ Yes \_\_\_ No

**Vehicle Use:** \_\_\_ ≤30 Days \_\_\_ 30-50 Days \_\_\_ ≥150 Days

**Current coverage amount for:** Personal Effects Coverage: (\$1,000 - \$99,000): \$ \_\_\_\_\_

**Physical Damage Deductibles:** \_\_\_ \$250 \_\_\_ \$500 \_\_\_ \$1,000 \_\_\_ \$2,500

**Medical Payments Coverage:** \_\_\_ \$1,000 \_\_\_ \$2,500 \_\_\_ \$5,000 \_\_\_ \$10,000

**Roadside Assistance:** \_\_\_ Yes \_\_\_ No **Trailer Coverage:** (up to \$20,000; \$2,500 Coverage Included)

Name \_\_\_\_\_  
 DOB \_\_\_\_\_  
 Male \_\_\_ Female \_\_\_  
 DL # \_\_\_\_\_  
 SS# \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Tickets/Accidents/Claims  
 Within the last 5 yrs?  
 \_\_\_ Yes \_\_\_ No  
 Date/Cause/Amount Pd.  
 \_\_\_\_\_  
 \_\_\_\_\_

Name \_\_\_\_\_  
 DOB \_\_\_\_\_  
 Male \_\_\_ Female \_\_\_  
 DL # \_\_\_\_\_  
 SS# \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Tickets/Accidents/Claims  
 Within the last 5 yrs?  
 \_\_\_ Yes \_\_\_ No  
 Date/Cause/Amount Pd.  
 \_\_\_\_\_  
 \_\_\_\_\_

Name \_\_\_\_\_  
 DOB \_\_\_\_\_  
 Male \_\_\_ Female \_\_\_  
 DL # \_\_\_\_\_  
 SS# \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Tickets/Accidents/Claims  
 Within the last 5 yrs?  
 \_\_\_ Yes \_\_\_ No  
 Date/Cause/Amount Pd.  
 \_\_\_\_\_  
 \_\_\_\_\_

## Help us get you Discounts

Do you rent or own? \_\_\_\_\_ College Completed: \_\_\_ AA \_\_\_ BA \_\_\_ Masters \_\_\_ Doctorate \_\_\_ Vocational  
 How many years with current auto carrier? \_\_\_\_\_ Number of People in Household: \_\_\_\_\_  
 Any full time students eligible for good student discount? \_\_\_ Yes \_\_\_ No  
 Pay in full? \_\_\_ Yes \_\_\_ No Electronic payments? \_\_\_ Yes \_\_\_ No Paperless billing? \_\_\_ Yes \_\_\_ No

Have you ever sued an Insurance Company? \_\_\_ Yes \_\_\_ No Date: \_\_\_\_\_ Details \_\_\_\_\_

Would you like us to quote your home insurance also? \_\_\_ Yes \_\_\_ No

**We also cover \*\*Cars\*\* \*\*ATV's\*\* \*\*Motorcycles\*\* \*\*Boats\*\* \*\*Jet Ski's\*\***