

Americas Best Insurance

Quote Sheet

PLEASE ANSWER ALL QUESTIONS. THIS IS NEEDED TO GET YOU A QUOTE

| ALL NAMES IN HOUSEHOLD | DOB | Drivers License # | State | MARRIED/SINGLE |
|------------------------|-------|-------------------|-------|----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

| | AUTO | RV |
|---|-------|-------|
| Who are you currently insured with? | _____ | _____ |
| Expiration date of current policy | _____ | _____ |
| Have you had continuous Insurance? (6mos) | _____ | _____ |
| How long with current insurer? | _____ | _____ |

| Year | Manufacturer | Model Name | VIN # | Vehicle Type | Length of Ownership |
|-------|--------------|------------|-------|--------------|---------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

RV INFORMATION

Are you the original owner? _____

What is the current Value? _____

What was the purchase date? _____

What is the length? _____

How many slides? _____

Are you full time RV'ing? _____ (150 days per year or more)

CURRENT INSURANCE COVERAGES

| | AUTO | RV |
|--------------------------------|-------|-------|
| Bodily Injury | _____ | _____ |
| Deductibles | _____ | _____ |
| Personal Effects Amount \$ | _____ | _____ |
| Roadside Assistance | _____ | _____ |
| Medical Payments ? | _____ | _____ |
| Accidental Death ? | _____ | _____ |
| Level of Education | _____ | _____ |
| How Many Years RV Experience ? | _____ | _____ |
| Phone Number | _____ | _____ |
| Email Address | _____ | _____ |

What is your PMB#