

# General Information on Vehicle Insurance

The next 3 pages are our Vehicle Insurance Questionnaire, which must be filled out for our in-house independent vehicle insurance agency (Americas Best Insurance LLC) to give you an accurate quote on your vehicle insurance. You may also ask your current insurer what your rates will be for South Dakota.

Unlike other states, South Dakota vehicle insurance follows the license plates. It cannot be obtained until the vehicles are registered in South Dakota. To register vehicles, NO inspections nor any proof of insurance is required and you do NOT need to obtain a South Dakota drivers license first.

If you do NOT have an RV or are only traveling part time (recreational use), you may not be able to get South Dakota rates on cars or trucks. We can usually insure all your vehicles as long as one is an RV.

Insurance companies need to know all the details of your driving history, your credit history, and the vehicle information so our agents can give you an accurate quote. *Please note: If you do not answer the questions fully and truthfully, the quote will not be accurate, a waste of everyone's time and we will charge your account any fees that are assessed on our agency by the insurance companies for drivers license records, credit reports, etc.*

As soon as the vehicles are registered in South Dakota, our agency can write and bind your South Dakota coverage. The companies we write for understand your "garaging address," and so you can obtain South Dakota rates even though your vehicle may never be in the state.

If you are already using one of the companies we write for in South Dakota, we can become your agent as soon as your vehicles are being registered in South Dakota. This does not change anything with your policy. By doing this, you get a live person instead of some call center somewhere.

## CURRENT AGENT/BROKER POLICY INFO

**DATE:** \_\_\_\_\_

**POLICY NUMBER(S):** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

**NAMED INSURED LINE OF BUSINESS (AS IT APPEARS ON POLICY)**

\_\_\_\_\_  
\_\_\_\_\_

*Sign and date below:*

Please be advised that we wish to name Americas Best Insurance LLC as our exclusive representative effective for the lines of business shown above, currently in force or submitted by application.

\_\_\_\_\_  
\_\_\_\_\_

**INSUREDS SIGNATURE(S)**

\_\_\_\_\_  
\_\_\_\_\_

**DATE**

**This authorization replaces any other authorization that may have been previously completed for any other insurance representative for the stated lines of business.**

**CURRENT AGENCY/CURRENT PRODUCER**

**INSURANCE CO:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

NEW AGENCY

Americas Best Insurance, LLC

AGENT: Charles D. Humes

ADDRESS: 514 Americas Way

Box Elder SD 57719-7600

PHONE: 605-202-8349

FAX: 605-202-7311

## Vehicle Insurance Quote Request

*We realize you may think there seems to be a lot of information requested, but we need these answered very honestly and clearly to give you the best and most accurate quote we can.*

*Anything less can easily amount to a higher insurance rate for you.*

❖ Means Required Information \* Means Requested Information “Makes quote more accurate”

### CREDIT DISCLOSURE NOTICE

❖ The insurance companies uses insurance credit scoring for the state of South Dakota.

Do you authorize us to obtain a financial responsibility report as part of the quote process?

*Note: If you choose Disagree, we cannot calculate the best or most accurate quote for you.*

“Agree or Disagree”

❖ Legal name

❖ Social Security Number

❖ Date of Birth

Note: If this is a quote for a commercial policy or for a driver with an international driver's license, select the appropriate option below and insurance credit scoring will not be utilized. If you would like to change the registration state, please begin a new quote.

❖ Vehicle Usage “Private / Retired or Commercial

❖ International Driver's License “Yes or No”

### Insured

❖ Ownership Type “Individual, LLC, Corporation, Partnership, Trust”

❖ Applicant Name, Phone Number, Email Address:

❖ Mailing Address and how long have you had this mailing address:

\*Have you had continuous insurance for the past 6 months?

\*Associations: “Good Sam, Escapees, etc...”

\*Manufacturer’s Clubs: “Prevost Prouds, Freightliner, etc...”

**Please list ALL Associations and Clubs since this may give you a lower rate**

### Vehicles

❖ Year

❖ Make

❖ Model

❖ Vehicle type

❖ Vin

❖ Length

❖ Are you the original owner?

❖ Date of purchase

❖ Purchase Price

❖ Use “Private or Commercial”

\*Anti-Theft Device

❖ Does vehicle have a lien holder?

\*Does this vehicle need coverage for consignment physical damage?

❖ Registration Address

❖ Garaging Address

## Drivers

- ❖ Full Names
- ❖ Date(s) of Birth
- ❖ Age
- ❖ Gender
- ❖ Marital Status
- ❖ Social Security Number
- ❖ Yrs. driving RV experience
- \*Relation to insured
- ❖ Are you Primary driver?
- ❖ Driver's License Numbers
- ❖ Drivers License State
- ❖ Safety programs "CDL, RV driving school, Driver safety course, etc..."
- ❖ Highest level of education

## Violations

Please answer all questions as honestly and clearly as you possibly can.  
If you do not, this quote process will be a complete waste of your time and effort and we will charge your account for any fees that the insurance companies charge us.

- ❖ Driver
- ❖ Type "At-Fault Accident, Not-At-Fault Accident, Major Violation, Minor Violation"
- ❖ Date

## Underwriting

- \*Prior Insurance
  - Prior Auto Insurance Carrier
  - What were the Bodily Injury limits on your most recent policy?
  - Prior Policy Term Expiration Date:
  - Number of years with your most recent auto insurance carrier?

## Coverages

*Policy Coverages (circle your choice)*

- ❖ Bodily Injury / Property Damage [Limits] "25,000/50,000/20,000 or 50,000/100,000/25,000 or 100,000/300,000/50,000 or 250,000/500,000/100,000 or Combined Single Limit of 300,000 or 500,000 or 1,000,000"
- ❖ Uninsured Motorist [Limits] "25,000/50,000 or 50,000/100,000 or 100,000/300,000 or 250,000/300,000 or 300,000 Combined Single Limit"
- ❖ Underinsured Motorist [Limits]" 25,000/50,000 or 50,000/100,000 or 100,000/300,000"
  - \* Medical Payments [Limits] "Reject or 2,000 or 5,000 or 10,000"
  - \* Accidental Death [Limits] "Reject or 10,000"

*Physical Damage and Settlement Options (circle your choice)*

- ❖ Other Than Collision [Deductible] "Reject or 100 or 250 or 500 or 1000 or 2,500 or 5,000"
- ❖ Collision [Deductible] "Reject or 100 or 250 or 500 or 1000 or 2,500 or 5,000"

- \* Diminishing Deductible Enhanced - OTC [Elect] “Yes or No” (25% reduction in deductible a year for four years till no deductible remains)
- \* Diminishing Deductible Enhanced - Collision [Elect] “Yes or No” (25% reduction in deductible a year for four years till no deductible remains)
- \* Glass [Elect] “Yes or No” (\$100 deductible for glass replacement. No deductible for chips)
- \* Total Loss Replacement Cost [Elect] “Yes or No” (Only available to original owners of current model year and 4 prior. Model years changes coincide with calendar year)
- \* Awning Replacement [Elect] “Yes or No”
- \* Custom Equipment Replacement [Elect] “Yes or No”

*Additional Property and Trip Protection (circle your choice)*

- \* Personal Effects [Limits] “Yes or No” (up to \$9,000 but is limited to \$1,000 for each item) ”Need an amount”
- \* Emergency Vacation Expense [Limits] “Yes or No” (\$750 or \$1500)
- \* Mexico Coverage [Elect] “Yes or No”
- \* Extended Utility Trailer [Amount] “Yes or No” (policy auto covers up to \$2,500; all coverage above up to \$99,000 is extra) “Need an amount”
- \* Golf Cart/Moped/Watercraft [Amount] “Yes or No” (protects up to \$10,000 for on road vehicles and up to bodily limit for off road vehicle)
- \* Valuable Personal Property [Amount] “Yes or No” (insurance for items worth \$1,000. Receipts or appraisals needed for item over \$2,500) “Need an amount”
- \* Adjacent Structures [Limits] “Yes or No” (\$2,000 of coverage)
- \* Towing and Roadside Labor [Elect] “Yes or No” (pays cost of towing for an RV to repair shop)
- \* CPE (Custom Parts or Equipment) Coverage “Amount up to \$5,000”

*Additional Liability and Injury Protection (circle your choice)*

- \* Disability Benefit [Limits] “Reject or \$60 per week / 52 weeks”
- \* Vacation Liability [Limits] “Reject or \$10,000 or \$25,000”
- \* Full-Timer's Personal Liability [Limits] “Reject or 50,000/100,000 or 100,000/300,000 or 250,000/500,000 or Combined Single Limits of 300,000 or 500,000 or 1,000,000”
- \* Full-Timer's Medical Payments [Elect] “Yes or No”
- \* Secured Storage Personal Effects [Amount] “Available up to \$99,000 for items stored at professional storage facility”
- Scheduled Medical Payments [Limits] “Yes or No”

**Assign Loss Payees**

- \* Loss Payee Name
- \* Address
- \* Vehicles “Enter a Loss Payee and then assign that loss payee to a vehicle.”