

Please read before filling out the Quote Sheet.

Answer ALL of the questions, this is necessary to get you the Quote that you are requesting. **We will not be able to provide you with a quote without THIS SHEET being completely filled out , LEGIBLE and returned to us .**

We cannot accept pictures or copies of insurance documents in place of this quote sheet so please DO NOT send them...please just fill in the blanks on the quote sheet.

Please Note: In order to Insure through this Agency you MUST BE A FULL TIME RV'er (living & traveling in your RV for a minimum of 6 months out of the year) You must have an "APPROVED RV" (pickup/camper, Motor Home, Travel Trailer or 5th Wheel and a Pickup. We cannot insure your automobiles if you do not have a Full Time RV policy. VANS are not acceptable as an RV...converted or not.

All of the information we need is on the quote sheet. If we should need additional information, we will request it from you.

Thanks for the Inquiry,

Mike Williams

Specialty Lines Agent

Americas Best Insurance

Quote Sheet

Please Answer ALL Required Questions. This is NEEDED to get you a Quote.

Email COMPLETED Quote Sheet to americasbestinsurancellc@gmail.com

ALL Names in Household	DOB	Drivers License #	State	Married or Single
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Auto	RV	MC/SxS/ATV	Boat
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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-NO #'s	Vin #/Hull #	Vehicle Type	Length of ownership
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

RV INFORMATION

BOAT INFORMATION

Are You the Original Owner?	_____	Original Owner?	_____	Insuring Trailer	_____
What is the Current Value?	_____	Total MKT Value	_____	Trailer Year	_____
What was the Purchase Date?	_____	Total HP (motor)	_____	Trailer Make	_____
What is the Length?	_____	Inboard/Outboard/Jet	_____	Trailer Model	_____
Number of Slides	_____	How many Motors?	_____		
Are you Full Time RV'ing? (6 mos or more)	_____	Hull Length	_____		

CURRENT INSURANCE COVERAGES

	RV	AUTO	MC/SxS/ATV	BOAT
Bodily Injury	_____	_____	_____	_____
Deductibles	_____	_____	_____	_____
Personal Effects Amount \$	_____	_____	_____	_____
Roadside Assistance	_____	_____	_____	_____
Medical Payments	_____	_____	_____	_____
Accidental Death	_____	_____	_____	_____
Level of Education	_____	_____	_____	_____
Occupation and Position	_____	_____	_____	_____
How Many Years RV Experience?	_____	_____	_____	_____
Phone Number	_____	_____	_____	_____
Email Address	_____	_____	_____	_____
What is your PMB #	_____	_____	_____	_____