

# modernLINE

## Personal Recreational Vehicle Request for Quote

Med James, Inc.  
P.O. Box 2014  
Shawnee Mission, KS 66201

Date: \_\_\_\_\_

### AGENT INFORMATION

Agency Name _____	
Agent #: 052558	Sub Producer # _____
Agent e-mail: _____	Phone Number: _____
Contact Person: _____	Fax Number: _____

### CUSTOMER INFORMATION

_____	_____	_____	_____	_____	_____
Last Name	First Name	Street	City, ST	ZIP	Date of Birth

### OPERATOR INFORMATION

Name	Date of Birth	Marital Status	Gender	Accident/Violations
_____	_____	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> M <input type="checkbox"/> F	_____

### RECREATIONAL VEHICLE INFORMATION

Year: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Model # \_\_\_\_\_ Length: \_\_\_\_\_

Value: \_\_\_\_\_ Vin # \_\_\_\_\_ Type (Class A, B, Conventional, Fifth Wheel, etc.): \_\_\_\_\_

### COVERAGE - ELIGIBILITY INFORMATION

Has the Principal Operator owned and operated the Unit for less than 12 months?  Yes  No

Is unit jointly owned by persons residing in separate households?  Yes  No

Is the unit used as residence 6 months or more per year?  Yes  No

If the unit a Motor Home, is it a conversion unit?  Yes  No If the unit a Travel Trailer, is it stationary?  Yes  No

If unit is a Travel Trailer, is it used for hauling animals?  Yes  No

Is there any broken glass or physical damage to the unit?  Yes  No

IF "YES" IS ANSWERED FOR THE FOLLOWING QUESTIONS, THE ENTIRE RISK IS INELIGIBLE

Is unit ever rented or loaned to others?  Yes  No Has owner filed bankruptcy in last 7 years?  Yes  No

Is unit driven to work or school?  Yes  No Is unit registered or garaged outside the United States?  Yes  No

Is unit titled in the name of a corporation or association?  Yes  No Is unit used for business?  Yes  No

### RATING INFORMATION

OTC Ded:  250  500  1,000  \$ \_\_\_\_\_ Coll Ded:  250  500  1,000  \$ \_\_\_\_\_

Bodily Injury:  50/100  100/300  300/500  \_\_\_\_\_ Property Damage:  50/100  100/300  300,000  \$ \_\_\_\_\_

Medical Payments:  \$1,000  \$2,000  \$5,000  \$ \_\_\_\_\_

Uninsured Motorist:  50/100  100/300  300/500  \$ \_\_\_\_\_

Personal Effects:  \_\_\_\_\_ Replace Cost PE  \$ \_\_\_\_\_

Settlement Option:  ACV  Agreed Value  Replacement Cost

\*We strive for a fast turn around for quotes.