

Travel Trailer Insurance Application

Maggie's Management, LLC • Phone: 877-866-1384 ext. 2165 • FAX: 877-297-5439

Please fax completed application along with the declarations page(s) of your current policy to: 877-297-5439

1. INSURED INFORMATION

First Name:	Last Name:	MI:	Soc. Sec. #:
Date of Birth:	Home Phone:	Marital Status:	Gender:
Street:		Apt #/Floor:	Rent/Own:
City:	State:	Zip:	County:
Co-applicant First Name:	Last Name:	MI:	Soc. Sec. #:
	Date of Birth:	Gender:	

2. TRAILER INFORMATION

YEAR:	MANUFACTURER:	MODEL:
VIN:	Length: ____ Ft. ____ In.	
Unit Type: <input type="checkbox"/> Travel Trailer <input type="checkbox"/> Tent Camper <input type="checkbox"/> Fifth Wheel <input type="checkbox"/> Animal Trailer with Living Quarters <input type="checkbox"/> Pickup Camper only <input type="checkbox"/> Sport Utility with Living		
Use: <input type="checkbox"/> Pleasure <input type="checkbox"/> Full-Timer <input type="checkbox"/> Full-Timer Stationary <input type="checkbox"/> Stationary <input type="checkbox"/> Other: _____		
Purchase Date:	Purchase Price:	Market Value:
Any unrepaired damage to the unit? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:		

3. MISCELLANEOUS INFORMATION

Storage Location: <input type="checkbox"/> Residential <input type="checkbox"/> Rental Storage Property <input type="checkbox"/> Business Property <input type="checkbox"/> Other: _____	
Is the unit stored inside? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the unit located in a park? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the unit garaged at mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No, list address: _____	
Is the Registration Address same as Mailing Address? <input type="checkbox"/> Yes <input type="checkbox"/> No, list address: _____	
RV Association Name:	Membership #:
Desired Comprehensive Deductible: <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 750 <input type="checkbox"/> 1000	
Desired Collision Deductible: <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 750 <input type="checkbox"/> 1000	
Personal Property Coverage Amount: \$ _____	
Please List ALL Losses for the past 3 years:	
Date: _____ Desc: _____	Loss Amount: \$ _____
Date: _____ Desc: _____	Loss Amount: \$ _____
Date: _____ Desc: _____	Loss Amount: \$ _____
Date: _____ Desc: _____	Loss Amount: \$ _____

INFORMATION RELEASE FORM

As part of the application process in obtaining the insurance coverage you are requesting from licensed insurance carriers of Maggie's Management LLC, Maggie's Management LLC and/or its licensed carriers may order one or more consumer reports. A consumer report may contain information on credit history, medical conditions, driving records, criminal activity and hazardous sports, among other things.

Under the Fair Credit Reporting Act, Maggie's Management LLC and/or its licensed carriers may review consumer reports to evaluate anyone who applies for this insurance. In the event that coverage is denied to you based wholly or partly on information in a consumer report you will be notified of this fact and given the name and address of the consumer reporting agency making the report.

In consideration of the above, your signature below acknowledges your release for Maggie's Management LLC and/or its licensed insurance carriers to order one or more consumer reports in your name.

Signature Date Signature Date