



Travel Trailer Insurance

Easy Estimate Request

FAX TO: 715-693-2538

Mail: PO Box 40, Mosinee, WI 54455

Phone: 800-752-8506

Birth date / /
Telephone () Cell phone / Work phone () Best time to call
E-mail address

Applicant

Last Name	First Name	MI
Mailing Address		City State ZIP

TYPE OF UNIT (please check)

TRAVEL 07 TRAILER 

CAMPING 08 TRAILER 

FIFTH 09 WHEEL 

TRUCK 20 MOUNTED 

Description of Travel Trailer

YEAR	LENGTH	WIDTH	MANUFACTURER/MODEL	SERIAL NUMBER	PURCHASE DATE	PURCHASE PRICE

Trailer Location

Principal Garaging (if different from above) or STATIONARY LOCATION (Park Name, Street, Lot#, City, County, State, ZIP)

Located within Condo Association property? No Yes If yes, total number of condo units at location property _____

Full legal name of Condo Association _____

Requested Coverage

Travel Trailer \$	Personal Property/ Personal Effects \$	Other Structures / Adjacent Structures \$
Personal Liability ____ \$300,000 ____ \$500,000 Other	Deductible ____ \$250.00 ____ \$500.00 Other	Optional Coverage ____ Replacement Cost Personal Effects ____ Trip Collision Coverage Other

Additional Information

Is the unit rented or loaned out? Yes No If yes, explain _____ Rental Income \$ _____

Miles to nearest Fire Dept _____ Name _____ Other water source (lake, etc.) _____

Is unit in seasonal Park? Yes No Tied down? Yes No Skirted? Yes No Awning? Yes No

Does applicant own land where unit is located? Yes No Approx area _____

Does unit or other structure have a woodstove or fireplace? No Factory/Commercially Installed Self-Installed

Additional Interest

Leinholder Name, Street Address, City, State, ZIP

Additional Insured, Address (if different from above)

Occupant of Unit? _____ Family Member? _____ Named on Title? _____ Interest Type _____

Request completed by: _____ Date: _____

Please be advised that this fax transmittal represents a request for a non-guaranteed, non-bound preliminary premium estimate for the coverage indicated. This fax grants permission for our agents to contact you for additional information which may be needed in certain situations. A completed application is required to issue a policy.