



# 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.