



NATIONAL GENERAL

RECREATIONAL VEHICLE APPLICATION QUESTIONS

Effective Date _____

Named Insured: First Name _____ Middle _____ Last Name _____
Phone _____ Address _____ Email _____
DOB _____ SSN # (Consumer Report disclosure to run the insurance score) _____
Address if insured has moved in the last 60 days _____

Drivers (list all drivers/household members)

Driver 1 First _____ Middle _____ Last Name _____
DOB _____ Gender _____ Relationship to the named insured _____
Driver Status (Rated/Other Insurance) _____
Years' experience _____ License Status _____ License Information (State & Number) _____

Driver History:

Accidents & Violations _____

Driver 2 First _____ Middle _____ Last Name _____
DOB _____ Gender _____ Relationship to the named insured _____
Driver Status (Rated/Other Insurance) _____
Years' experience _____ License Status _____ License Information (State & Number) _____

Driver History:

Accidents & Violations _____

Vehicle:

VIN _____ Type of RV _____
Year _____ Make _____ Model _____
Style _____ (please be specific) Length _____ Width _____
Use _____ Anti Theft: YES ___ NO ___ Annual Miles Driven _____
Airbags YES ___ NO ___ Anti-lock breaks YES ___ NO ___ Storage YES ___ NO ___
Garaging info including state _____ /zip code _____ /county _____
Ownership status _____ LP/AI _____
Principal Assigned Driver _____ Original Owner? _____
Original Cost New _____ Property Length _____
Unrepaired RV Damage? Yes ___ NO ___ Licensed and easily moved YES ___ NO ___
Titled to LLC? YES ___ NO ___ Fulltimer _____ RV Safety Course _____

Underwriting:

Proof of prior (Carrier, limits, months with most recent Ins Co, exp date)

We accept personal auto as proof of prior coverage

Good Sam Member : Active___ Lifetime ___ Elite_____

Residence Status : Own___ Rent___ Other_____

In Agency Transfer? _____

Go Paperless?_____

Other active policy types with NatGen?_____

Prohibited risks?_____ RV Association?_____

Parked in a garage/carport when not in use? _____

On Consignment? Yes___ NO___ (consignment is NOT eligible)

Sole owner of the RV?_____ Stationary?_____

Additional Info / Comments_____

Coverages: (Available coverages vary with program selected)

Bodily Injury	_____
Property Damage	_____
Med Payments	_____
UM/UIM BI	_____
UM/UIM PD	_____
AD &D	_____
Comprehensive	_____
Collision	_____
Renal Reimbursement	_____
Towing	_____
Custom Equipment	_____
RV Diminishing Deductible	_____
RV Deductible Credit	_____
Replacement Cost	_____
Personal Effects	_____
RV Vacation Liability	_____
RV Mexico	_____