



Please fax completed applications to 1-800-915-3922  
Or E-mail to lindsay@sabalinsurance.com

## Application for Recreational Vehicle Insurance

### GENERAL INFORMATION

Requested Effective Date of new policy \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 How did you hear about us?: \_\_\_\_\_

Do you have current RV insurance coverage? Yes No Current/Prior Carrier \_\_\_\_\_  
 Was previous coverage non-renewed or cancelled? Yes No Expiration Date of current/prior policy \_\_\_\_/\_\_\_\_/\_\_\_\_

### PLEASE LIST ALL DRIVERS IN HOUSEHOLD

#	Last Name	First Name	Relationship	Date of Birth	Drivers License Number	Years of RV Experience	Occupation
1							
2							
3							
4							
5							

### VEHICLE INFORMATION:

**No. 1** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_  
 Vehicle Use: <30 Days per year 30-150 days per year Primary Residence Used at work location  
 Coverage limits: BI \_\_\_\_\_ PD \_\_\_\_\_ UM \_\_\_\_\_ Comp ded \_\_\_\_\_ Collision ded \_\_\_\_\_  
 Towing: Yes No Medical Payments \_\_\_\_\_  
 Market Value: \$ \_\_\_\_\_ Value of additional equipment: \$ \_\_\_\_\_ Length: \_\_\_\_\_ ft  
 Purchase Date \_\_\_\_\_ Rented to others: Yes No Original Owner: Yes No  
 Financed: Yes No Lessor/Leinholder: \_\_\_\_\_  
 Garaging Zip Code: \_\_\_\_\_ Storage location: Residence Business Storage Yard Indoors or Outdoors

**No. 2** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_  
 Vehicle Use: <30 Days per year 30-150 days per year Primary Residence Used at work location  
 Coverage limits: BI \_\_\_\_\_ PD \_\_\_\_\_ UM \_\_\_\_\_ Comp ded \_\_\_\_\_ Collision ded \_\_\_\_\_  
 Towing: Yes No Medical Payments \_\_\_\_\_  
 Market Value: \$ \_\_\_\_\_ Value of additional equipment: \$ \_\_\_\_\_ Length: \_\_\_\_\_ ft  
 Purchase Date \_\_\_\_\_ Rented to others: Yes No Original Owner: Yes No  
 Financed: Yes No Lessor/Leinholder: \_\_\_\_\_  
 Garaging Zip Code: \_\_\_\_\_ Storage location: Residence Business Storage Yard Indoors or Outdoors

### ACCIDENTS/VIOLATIONS

Has any driver listed above had an accident, regardless of fault, or been convicted of a moving violation within the last 5 years?

Drv #	Date of Accident/Violation	Description	PIP benefits used?	BI or Death?	Amt of Property Damage

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_