

PACIFIC INTERNATIONAL UNDERWRITERS

P.O. Box 2007 • 627 Dayton Street • Edmonds, WA 98020 • PH 800-562-8403 • FAX 888-814-8701

MOTOR HOME/ TRAVEL TRAILER FAX QUOTE

DATE: _____ **EMAIL:** _____
AGENCY: _____ **ATTN:** _____
FAX #: _____ **PHONE #:** _____
APPLICANT'S NAME: _____ **DOB:** _____ ****SS#** _____ - _____ - _____
MOTOR HOME: _____ **TRAVEL TRAILER:** _____ **5th WHEEL** _____

YEAR:	MAKE:	CLASS: A B C	LENGTH:	ZIP CODE:
CURR MKT VALUE:		PURCHASE DATE:		GARAGING STATE:
NEW PURCHASE:		YRS PRIOR EXPERIENCE:	CURRENT INS CARRIER:	
USE: PLEASURE		RENTAL	BUSINESS	FULL TIMER:
ANNUAL MILEAGE:		CURRENT AUTO CARRIER:		
OTHER LICENSED DRIVERS IN HOUSEHOLD WITH % USE & AGES:				
DRIVING RECORDS:				

COVERAGE	LIMIT	AMIG PREM.	MARKEL PREM
LIABILITY			
PD			
MED or PIP			
UM/BI			
UM/PD			
COLLISION	DED		
COMPREHENSIVE	DED		
PERS EFFECTS			
TOWING			
EMER EXP			
VAC LIAB			
	PREMIUM		
	SURCHARGE		
3 OR 5 MO	LAY UP (AK)		
	POLICY FEE		
	TOTAL PREMIUM		

NOTES:

This quote is premium calculation only. Risk eligibility and binding are subject to the company's rules and application requirements. Submit risks can usually be approved by phone call to you underwriter. **Social Security Number(SSN) is only used by American Modern Insurance Company to establish available credits through Insurance Scoring, it is not required for a rate quote.

QUOTE GOOD FOR 30 DAYS