



5000 E. University Ste. 8.
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RV Insurance Quote Form

Principal Operator _____ Date of Birth _____

Additional Operator _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Phone (_____) _____

(Circle One) Married Single

Are you a homeowner?

☐ Yes ☐ No

Will your RV be used for recreational purposes only?

☐ Yes ☐ No

Will you be using your RV as a full-time residence?

☐ Yes ☐ No

If Travel Trailer: For permanent stationary use only?

☐ Yes ☐ No

If stationary, provide address here ->

Will your RV be used in connection with business?

☐ Yes ☐ No

Discount: Are you a member of an RV Association?

☐ Yes ☐ No

Any tickets or at-fault accidents in the last 3 years?

☐ Yes ☐ No

(Circle One) Motor Home Travel Trailer Camper Van 5th Wheel Truck Mounted Camper

Year _____ Length _____ Make/Model _____

Market Value: \$ _____ Original Purchase Price: \$ _____

Circle the Deductible Option You Prefer:

\$250 \$500 \$1000 \$2500

(Motor Home Only) Liability Limits You Prefer:

\$100/300/50 250/500/100 \$1 Million

Name of your RV Dealer _____ Your fax number (_____) _____