



FAX-A-QUOTE

OVERLAND INSURANCE SERVICES RV INSURANCE SPECIALISTS

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Phone: 800.624.6897

2343 North Hayden Road, Scottsdale AZ 85257
Ronald L. Jarvie, Certified Insurance Counselor

Submit the "Fax-A-Quote" (PAGE 1) to Overland. Review the quotation received from Overland. Submit the "Binder Request" (PAGE 2) to Overland.

RV OWNER TO COMPLETE

OWNER & OPERATOR INFORMATION *(undisclosed operators may affect the rate)*

RV Owner *(as titled)* _____

Primary Operator _____ SS# _____ - _____

Date of Birth _____ / _____ / _____ Marital Status _____
month day year (married, single, divorced or widowed)

Owner/Driver Discounts RV Association Member C.D.L. Defensive Driving Course
(FMCA, Good Sam, etc.)

Other Operators: Age _____ Marital Status _____ ; Age _____ Marital Status _____

List all at-fault accidents, claims and moving violations of all operators during the past 36 months

MAILING ADDRESS _____

REGISTRATION ADDRESS _____

STORAGE ADDRESS _____

RV USAGE Occupied LESS THAN 150 days per year
 Occupied MORE THAN 150 days per year
 Primary Residence – *homeowners coverage's to be included*
 Business Use – *please explain* _____

Estimated Average Annual Mileage _____ Years of RVing Experience _____

RV TYPE Motor Home: Class A Class B Class C
Towable Trailer: 5th Wheel Bumper Pull Pop-up

Year _____ Length _____ Make & Model _____

Purchase Price \$ _____ Purchase Date _____ / _____ / _____ New Used

Vehicle Discounts Anti-lock Breaking System Audible Anti-theft Alarm Driver Side Airbag

HOW WOULD YOU LIKE TO RECEIVE YOUR QUOTE?

Phone (_____) _____ Fax (_____) _____ Email _____

I believe the statements above to be true. I agree that Overland may investigate me and my listed operators by securing motor vehicle records, consumer reports or information from third parties to provide me with the best possible quotation from the Insurance Companies they represent.

Signature of RV Owner _____ Date _____