TRAVEL TRAILER QUOTE SHEET

NAME:_____

ADDRESS:_____
Street City State Zip

PHONE#_____

YEAR:_____

LENGTH:_____

MANUFACTURER/MODEL:_____

PURCHASE DATE:_____

PURCHASE PRICE:_____

TYPE OF UNIT [ ] TRAVEL TRAILER [ ] TENT CAMPER [ ] FIFTH WHEEL
[ ] TRUCK MOUNTED

GARAGING LOCATION:_____

IN PARK: Y N

PARK NAME:_____

COVERAGE AMOUNT REQUESTED:_____

DEDUCTIBLE: [ ] 100 [ ] 250 [ ] 500