NO-OBLIGATION MOTORHOME QUOTE FORM

PLEASE RETURN TO :

Vagabundos Del Mar
190 Main Street
Rio Vista, CA 94571
Phone (800) 474-2252 Fax (707) 374-6843
License # O561972

CUSTOMER INFORMATION

Today's Date _____ **Vagabundos Del Mar Member Number** _____

Registered Owner: _____ **E-Mail Address:**_____
First Middle Last

Primary Driver's DOB: ____/____/____ **SS#**_____-_____-_____

Residence Address_____ **City**_____ **State** _____ **Zip** _____

Registration State (If different) _____ **Zip** _____

Customer Contact Number: _____**Fax:** _____

RV Association Member? ☐ **Yes** ☐ **No**

CDL or Defensive Driving Course: ☐ **Yes** ☐ **No**

Is the buyer married? ☐ **Yes** ☐ **No**

How many months are spent in Mexico per year? _____**Months**

Original Owner: ☐ **Yes** ☐ **No** **Purchased in last 12 months** ☐ **Yes** ☐ **No**

VEHICLE INFORMATION

Model Year: _____ **Make/Model:** _____ **Length:** _____

Purchase Price: $_____ **Serial Number (optional):** _____

Audible alarm system installed? ☐ **Yes** ☐ **No**

Circle Appropriate: Motor home Travel Trailer Fifth Wheel Classic Bus Conversion
Other _____

USAGE

Circle Appropriate Use: Recreational use only Business use Primary Residence

CIRCLE APPROPRIATE EXPERIENCE LEVEL:

(1) Owned motor home previously (2) Owned travel trailer previously (3) Never owned RV

List all traffic violations, accidents or losses for any Operator in the past 3 years:

(1) **(2)** **(3)**

- **All quotes are based on basic coverage's BI/PD, $100,000/$300,000/ $50,000 and UM/UIM, $100,000/ $300,000, Comprehensive & Collision Deductibles $500/$500 unless specified otherwise. In some states and with some products, ADA VIS uses consumer credit information for rating and underwriting purposes.**