117 JOHN ROBERT THOMAS DRIVE · EXTON, PA 19341 TEL: (610) 280-9980 fax: (610) 280-9985

Please complete the form below, save it, and email it to customerservice@tim-s.com.

A. 1.	GENERAL IN Applicant Name: DBA (if any): Mailing Address: City, State, and Z Telephone:		Fax:				
	Contact Name:		E-mail address:				
2.	Premises Location	Premises Location if Different: Include Zip Codes)					
В.	RV COVERAGES INFORMATION						
	Liability: □\$ 100	_iability: □\$ 100,000 □ \$300,000 □ \$500,000 □ \$1,000,000 □Other: \$					
	Physical Damage: ☐Yes ☐No If yes, Comprehensive Deductible: \$ Collision Deductible: \$						
	# of Units:	of Units:					
	low many average months are your rentals active?:						
	RENTAL VEHICL	ENTAL VEHICLES TYPE					
	#of Units	Type of vehicle		<u>'alue Range</u>			
		Motorhomes / RV		\$			
	Conversion Vans - Class B \$						
	Mini Motorhomes - Class C \$						
		5th Wheel Trailers		\$			
		Folding Camping	Trailers	\$			
		Truck Campers		\$			
		Travel Trailers \$ Tow Vehicles \$					
		row venicies		Ф			
Des	cription of Busines	s/Business Practice	es:				
1.	How long has	How long has this business been in existence? Years					
2.	Is this a start-ા	Is this a start-up or a new business venture? □Yes □No					
3.	Who is your cu	Who is your current insurance carrier? Expiration Date:					
4.	What is your c	What is your current premium? \$					
5.	Have you ever	Have you ever been canceled or denied insurance because of losses? \Box Yes \Box No					
6.	Do you use a	Do you use a reservation platform? ☐Yes ☐No If yes, which one? How long?					
7.	Do you rent ot	Do you rent other people's RV units? □Yes □No					
8.	Do you rent to	Do you rent tow vehicles also? □Yes □No					