



RECREATIONAL VEHICLE QUESTIONNAIRE (Motorhome, Trailer, Camper Shell)

This Questionnaire is supplemental to a Garage Renewal Application.

Business Trade Name _____

1. Do you rent RVs to customers? Yes No
If Yes, a] Are rental vehicles separately insured? Yes No
b] Are rental units part of inventory held for sale? Yes No

2. Do you rent RV storage space to customers? Yes No
If Yes, a] How many vehicles are stored at any one time? _____
b] Does your storage agreement require the customer to maintain physical damage insurance? Yes No

3. Do you sell Liquefied Petroleum Gas (LPG)? Yes No
If Yes, a] Is the storage tank protected by collision barriers? Yes No
b] Are "No Smoking" signs posted? Yes No
c] Do only qualified operators fill customer's tanks? Yes No
d] How many feet separate storage tank from adjacent buildings & vehicles? _____

4. Do you install or repair kitchen appliances or heating/cooling systems? Yes No
If Yes, a] What is the percentage of this to total work? _____ %
b] Are your technicians trained and qualified? Yes No

5. Do you install trailer hitches? Yes No
If Yes, a] What is the percentage of this to total work? _____ %
b] What type? Ball Hitch Mounted Receivers 5th Wheel
c] Are hitches always bolted to the frame? Yes No
d] Is all welding done by a certified welder? Yes No

6. Do you participate in RV Trade Shows? Yes No
If Yes, how many times per year? _____

7. What are your annual sales to customers for each of these categories?
Accessories \$ _____ Parts \$ _____ Camping Gear \$ _____ Groceries & Supplies \$ _____

8. What is the maximum value of any one RV (owned by you or owned by customer)? \$ _____

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).

I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

SIGN AND DATE

APPLICANT'S PRINTED NAME	
APPLICANT'S SIGNATURE	DATE
AGENT OR BROKER'S NAME	LICENSE NO.
AGENT OR BROKER'S SIGNATURE	DATE