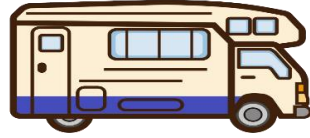


Sarah Judy's Insurance Agency

☐ MOTOR HOME



☐ TRAVEL TRAILER



EFFECTIVE DATE: _____
NEW ? _____ PRIOR INS? _____ CARRIER _____ EXP _____

1ST INSURED _____
ADDRESS (location) _____
ADDRESS (mailing) _____
PHONE # _____ JOB _____
SS# _____ DOB _____
MARITAL STATUS: _____ SAFETY COURSE _____
DL# _____ YEARS OF EXPERIENCE _____
EMAIL _____
MULTI POLICY _____ HOMEOWNER? _____ LIFE INS? _____

2ND INSURED _____ RELATION TO INSURED _____
SS# _____ DOB _____

VEHICLE INFORMATION

YEAR _____ MAKE _____ MODEL _____
VIN # _____ LENGTH _____ USE ☐ FULL TIME ☐ PLEASURE
STORED/LOCATION _____ ANTI LOCK BRAKES? _____
PURCHASE DATE _____ PURCHASE PRICE \$ _____
VALUE \$ _____
COVERAGES REQUESTED? FULL or LIABILITY DEDUCTIBLE _____
\$ _____ PERSONAL PROPERTY
☐ TOWING/ROADSIDE ☐ MED ☐ UNDERINSURED ☐ HIGHER LIMITS ☐ VACAY