

**Recreational Vehicle Quote Request**

**Erlandson Insurance Agency**

Name \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_

Garaging Location (if different) \_\_\_\_\_

Home Telephone number \_\_\_\_\_ work number \_\_\_\_\_

Email address \_\_\_\_\_

1. Operator Information –

Name	Date of Birth	Driver's licence #
_____	_____	_____
_____	_____	_____

2. List all traffic violations, accidents and claims for all drivers for the past 5 yrs.

Name	Date	Description
_____	_____	_____
_____	_____	_____

3. RV Description

Year	Make	Model	Length	Type/Class	Cost
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. Limits of coverage requested – Vacation Liability Coverage \_\_\_\_\_

Liability \_\_\_\_\_ Medical Payments \_\_\_\_\_ UM/UIM \_\_\_\_\_  
 Comprehensive ded. \_\_\_\_\_ Collision ded. \_\_\_\_\_  
 Towing/Roadside Assistance \_\_\_\_\_ Emergency Expense Cov \_\_\_\_\_  
 Vacation Liability Coverage \_\_\_\_\_

5. Number of days per year vehicles is used on average \_\_\_\_\_

**Montana Notice of Information Practices (Privacy)**

**Authorization to Collect and Disclose Personal or Privileged Information**

In connection with my application for insurance to the company shown above, I hereby authorize you to collect and disclose personal, privileged information about me, by and to consumer reporting agencies, your authorized representatives, assignees, agents and affiliates. The information collected and disclosed extends to my credit standing, credit worthiness, credit capacity, personal characteristics and mode of living. This authorization is effective for the applicable time limit enumerated below. I understand that I am entitled to receive a copy of this authorization, and upon request, a record of any subsequent disclosure of personal information that must include the name, mailing address and institutional affiliation of the party to which the information was disclosed as well as the date of the disclosure, and to the extent practicable, a description of the information being disclosed.

This authorization remains valid for:

- Thirty (30) months if signed in connection with an application for Life, Health or Disability Insurance.
- One (1) year if signed in connection with an application for Property or Casualty Insurance.
- The term of coverage of the policy if signed in connection with a Health Insurance Claim.
- The duration of the claim, if the claim is not for a Health Insurance Benefit.

Applicant or Authorized Representative's Signature

Date

Date of Birth

Social Security Number