



Travel Trailer Insurance Quote

Henslee Insurance Agency, Inc.

Date Phone# E-Mail

1st Named Insured:

DOB: Social Security #

2nd Named Insured:

DOB: Social Security #

Address including county and zip code:

Garage Address

Travel Trailer Tent Camper Fifth Wheel Truck Mounted

Year : Length Serial#

Make/Model Date of purchase

Did you purchase it new used

Total purchase price

Is unit rented or loaned out

Is unit used in any business pursuit

Is unit used as a residence

If yes, is it stored in a park

Do you currently have any policy with Foremost, Farmers, Bristol West, 21st Century, or Zurich If so what kind of policy

Prior Carrier & Expiration Date

Renewal Premium:

Losses in the past 5 years, including date, cause, and amount paid:

Camper Amount Requested \$

Other structures \$

Personal effects (contents) \$

Do you want replacement cost coverage on your contents?

Deductible \$

Do you need Full-Timer Liability?

If yes, what limit \$50,000 \$100,000 \$300,000

Any other coverage you may want

Send completed form to hensleeinsurance@gmail.com or fax to (817)447-3743. You can call us at (817)447-2771

**Thank You For Your Submission We Will Get Back To
You Very Soon....**