



E-RATE

P.O. Box 36385 • Cincinnati, OH 45236 • www.sugroup.net
Toll Free (800) 844-1815 • Toll Free FAX (800) 258-1058

Email the completed form to quotes@sugroup.net or fax it to (800) 258-1058.

EACH QUOTE GUARANTEED WITHIN 30 MINUTES OR WE PAY YOU \$5

Recreational Vehicle Type (Check One)

Motorcycle ATV PWC Pleasure Boat Motor Home Travel Trailer

General Information

Applicant Information

Name: _____
City: _____ State: _____
County: _____ Zip: _____

Marital Status: Single Married
Operator's Age: _____ Youngest Operator's Age: _____
Applicant's SS#: _____
Applicant's DOB: _____

Driving History (last 36 months)

Accidents: _____ At Fault _____ Not at Fault _____
Violations: _____ Major _____ Minor _____

Credits – All Products

Years of Operating Experience: _____
Previously Insured – last 30 days: Yes No
Certified Training Course – last 3 years: Cycle Boat

Cycle Discounts

Current Association Member Garaged
 Homeowner Cycle License

Recreational Vehicle Information

Vehicle Description

Make: _____ Model _____
Year: _____ CC Size or H.P.: _____
VIN: _____

Boat / PWC Information

Length in Feet: _____ Maximum Speed: _____
Engine Type: I/O Outboard Inboard
Construction: Fiberglass Aluminum Wood
 Metal All Other
Value Motors: #1 \$ _____ #2 \$ _____
Nav. Territory: Inland Great Lakes Other
Type of Boat: _____

Limits Requested

ACV Value: \$ _____
Liability Limits: \$ _____
UM/UIM BI Limit: \$ _____
UM/UIM PD Limit: \$ _____
Med Pay Limit: \$ _____
Accessories Limit: \$ _____
Trailer Limit: \$ _____
PD Deductible: \$ _____
Coverage Option: Comprehensive Collision
 Liability Only

ALL POLICIES ANNUAL TERM

List additional vehicles/operators

1. _____
2. _____
3. _____
4. _____

Please send me an application
(Note, we no longer send one automatically)

Agency Information

Agency _____ Contact: _____
Phone: _____ Fax: _____ Email: _____