

# RV Insurance Binder Request Form

Date: \_\_\_\_\_

Name (Renter): \_\_\_\_\_

Your insured, \_\_\_\_\_ is currently planning on renting a motorhome from **Frederick Graff**. Your insured has chosen to have his/her personal vehicle insurance as **primary** insurance for the period of this rental. In order to fulfill the request of your insured, a Binder is required. The binder or endorsement should cover the vehicle and name the Owner as an additional insured. In order to satisfy our requirements, the insurance provided by you must include **primary** comprehensive and collision coverage and **primary** liability coverage up to **1 Million dollars. This promise of primary insurance coverage may amend the terms of your policy.**

Your policy must cover up to the actual cash value of the rented motorhome. The estimated value of the motorhome your insured will be renting is **\$ 39,000**. The limits of liability coverage must be at least the minimum limits as required by any applicable compulsory or financial responsibility law. The loss payee should be listed as **Frederick Graff. No collision or comprehensive deductibles shall exceed \$500.00.**

**Insurance Binder effective from \_\_\_\_/\_\_\_\_/\_\_\_\_ 12:01 AM. through \_\_\_\_/\_\_\_\_/\_\_\_\_ 11:59 PM.**

1. Manufacturer, Make, and Model: Fleetwood Jamboree 26Q
2. Towable or Drivable Unit: Drivable
3. Length of Unit: 26 ft
4. Vehicle Identification Number (VIN): **1FDXE45S64HB03606**
5. License Plate State And Number State: CA Number: 7VYZ496
6. Gross Vehicle Weight (GVW): 14200 LBS

**Please email a Binder of Endorsement ASAP to: LittleBearRV@hotmail.com**

Rental Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Thank you in advance for your prompt attention to this matter. Please sign and email or fax back this request form with binder or endorsement. Should you have any questions, please give Frederick Graff a call at (209) 914-2619  
Frederick Graff, 1439 Muro Ln Manteca, CA 95337

\_\_\_\_\_  
Agent / Representative

\_\_\_\_\_  
Agency / Insurance Company