

# Cincinnati RV Rental

## RV Insurance Binder Request Form

### 36' 2000 Holiday Rambler Endeavor 36' Class A

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

Your insured, \_\_\_\_\_ is currently planning on renting a motor home from Coletrain Unlimited LLC, dba Cincinnati RV Rental

("Owner"). 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. **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 motor home. The estimated value of the motor home your insured will be renting is **\$30,000**. 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 **Coletrain Unlimited LLC, (Owner)**. **No collision or comprehensive deductibles shall exceed \$500.00.**

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

**\*\*Please have coverage extend to 1 day past your return date in case of a delay in your return.**

1. Manufacturer, Make, and Model: **Holiday Rambler Endeavor 36'**
2. Towable or Drivable Unit: **Drivable Class A**
3. Length of Unit: **36'**
4. Vehicle Identification Number (VIN): **3FCNF53SOXJA33166**
5. License Plate State And Number: State: **OHIO**  
Number: **GWP3105**
6. Gross Vehicle Weight (GVW): **14,500**

Please email a Binder of Endorsement ASAP to: **tinarazete@gmail.com** WITH A COPY OF THE PLAN.

Thank you in advance for your prompt attention to this matter. Please sign and email back this request form with binder or endorsement.

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

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

