



**Enroll Today!**  
RV Technical & Roadside Assistance

**Owner/Driver Information**

Driver 1 Full Name \_\_\_\_\_

Driver 2 Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Vehicle Information**

**Motorized (Class A, B, or C Motorhomes)**

VIN#: \_\_\_\_\_ Year: \_\_\_\_\_ Length: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Chassis: \_\_\_\_\_ Transmission: \_\_\_\_\_ Engine: \_\_\_\_\_

**Towable (5th Wheels, Travel Trailers, or Toy Haulers)**

VIN#: \_\_\_\_\_ Year: \_\_\_\_\_ Length: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

1 year motorized \$159     3 year motorized \$477     5 year motorized \$795

1 year towable \$139     3 year towable \$417     5 year towable \$695

Policy Start Date: \_\_\_\_\_ (Start date will be date application/payment are received if nothing else is noted.)

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

Please remit payment\* and signed application to: FCIS Insurance, PO Box 248, Forest City IA 50436

\*Payment must be check or money order, made out to Farm & City Insurance Services