

Coverages:	Value \$ _____	(1)	(2)	(3)
		Basic Premium	(See Below) Discount/ Surcharge %	=(1) x {1.00 + (2)} Net Premium
1. Other Than Collision	Deductible options <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1,000 <input type="checkbox"/> _____		x	=
2. Collision	Deductible options <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1,000 <input type="checkbox"/> _____		x	=
3. Bodily Injury	Limit Options <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 300/500 <input type="checkbox"/> _____		x	=
4. Property Damage	Limit Options <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> _____		x	=
5. Medical Payments	Limit Options <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,000 <input type="checkbox"/> 5,000 <input type="checkbox"/> _____		x	=
6. Uninsured Motorists Bodily Injury	Limit Options <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 300/500 <input type="checkbox"/> _____		x	=
7. Underinsured Motorists	<input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 300/500 <input type="checkbox"/> _____			
8. Uninsured Motorists Property Damage	Limit Options <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> _____			
9. Towing and Labor	<input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> Reasonable			
10. Personal Effects (ACV)	Amount \$ _____			
11. Replacement Cost Pers. Effects (Must equal PE ACV if selected)	Amount \$ _____			
12. Emergency Expense	<input type="checkbox"/> 500 <input type="checkbox"/> 750			
13. Mexico Coverage				
14. Replacement Cost Unit				
15. Accidental Death & Dismemberment				
16. Trailer	Value \$ _____			
17. Diminishing Deductible	Deductible Options <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1,000 <input type="checkbox"/> _____			
18. Full Timer	<input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 300/500 <input type="checkbox"/> _____			
19. Vacation Liability	<input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000			
20. Outstanding Principal Loan Balance				
21. Subtotal (Coverages 8 through 20)		=	x	=
22. Total Premium				=

DISCOUNTS							SURCHARGES											
Sum all Discounts and Surcharges. Apply Total Discounts/ Surcharges % to coverage in Column 2 above.	Anti-Theft				Association Discount	Accident Prevention Course	Accidents & Violations								Total Discount/ Surcharge %			
	Alarm Only	Passive	Active	VIN			3 Viol.	1 Acc.	2 Acc.	Joint Owner	Bus. Use Light	Pers. Rental	Inexperienced Operator	Unit <21 ft.		Full Timer/ Primary Residence	Youthful Operator	
Coverage:	<input type="checkbox"/> -5%	<input type="checkbox"/> -15%	<input type="checkbox"/> -5%	<input type="checkbox"/> -5%	<input type="checkbox"/> -5%	<input type="checkbox"/> -10%	<input type="checkbox"/> 20%	<input type="checkbox"/> 50%	<input type="checkbox"/> 150%	<input type="checkbox"/> 50%	<input type="checkbox"/> 50%	<input type="checkbox"/> 100%	<input type="checkbox"/> 10%	<input type="checkbox"/> 35%	<input type="checkbox"/> 50%	<input type="checkbox"/> 65%		
Other Than Collision																		
Collision																		
BI, PD																		
Med																		
UM																		
All Other Coverages																		

BINDER	DIRECT BILL INFORMATION
<input type="checkbox"/> COVERAGE IS BOUND AGENT INITIAL _____	<input type="checkbox"/> FULL PAY (100% DOWN) <input type="checkbox"/> 4 PAY (25% DOWN) AMOUNT INCLUDED _____
IS ATTACHED (AMOUNT TO BE NOT LESS THAN 25% OF ANNUAL PREMIUM OR \$50, WHICHEVER IS MORE.) _____	<input type="checkbox"/> CREDIT CARD (Attach Supplemental Form) \$ _____
	<input type="checkbox"/> EZPay (Attach Supplemental Form)

INSURANCE FRAUD NOTIFICATION - You are or may be violating state law or committing a crime knowingly to provide false, incomplete or misleading material information to an insurance company for the purpose or intent of defrauding the company. Penalties may include imprisonment, fines, denial of insurance benefits, and may subject you to civil damages.

Notice to Applicant: We may make an investigation into your insurability, including securing a motor vehicle report for all persons listed on this application and, if applicable, information as to character, reputation, mode of living and credit history. Information may be obtained through personal interviews with friends, neighbors or others with whom you are acquainted. If an investigation is made it will be handled in the strictest confidence. Information as to the nature and scope of any investigation will be provided to you if you make a written request.

Insured's Statement: I declare that all of the statements contained in this application are true and complete. I hereby apply to the Company for an insurance policy as set forth in this application based on these statements. I understand that if any information is false or misleading or would materially affect acceptance of the risk by the Company, the policy will be null and void and claims denied. I understand that the policy will be void from inception if I pay my initial premium by check, and the check is not honored when presented for payment. A service charge of \$10.00 will be assessed if any check offered in payment is not honored by the bank. I understand that the coverage as specified in this application will not apply to a travel trailer I own while the travel trailer is used in business or rented, leased or loaned for a charge to any organization, or any person other than me, unless Business Use coverage or Personal Rental coverage is indicated on the Declarations and an additional premium is paid.

BINDER PROVISIONS: If coverage is bound, the insurance afforded by this binder is subject to all provisions of the policy form as used in the state where the risk is located. This binder expires at 12:01 am on the 31st day after the effective date or (1) immediately on notification of cancellation by the named insured or the Company, or (2) on its effective date if replaced by a policy with the same effective date as the binder. If this binder is not replaced by a policy, the appropriate premium will be charged, but not less than \$50.00. See agency contract for special binding authority.

Signature of Applicant	_____	Date	_____	Time	_____
Signature of Agent	_____	Date	_____	Time	_____



AMERICAN MODERN HOME LEISURE GUARD MOTOR HOME UNINSURED AND UNDERINSURED MOTORISTS COVERAGE SELECTION FORM

You have a legal right to purchase *both* Uninsured and Underinsured Motorist coverages with the proposed automobile liability policy. THESE COVERAGES PROTECT YOU, YOUR FAMILY AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.

Summary of Coverages:

Uninsured motorist coverage provides protection for all amounts that you are legally entitled to recover from a negligent motorist as damages for bodily injury or death caused by an accident and arising out of the ownership, maintenance or use of a motor vehicle that has no insurance, subject to the terms of the policy.

Underinsured motorist coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the damages to the extent that your underinsured motorist coverage benefits are greater than the amount recovered from other motor vehicle liability insurance policies.

Statement Electing Limits for Uninsured and Underinsured Motorist Coverages

- I elect to have the policy contain lower limits for **Uninsured Motorist Coverage** than for bodily injury liability coverage, but not lower than 25/50. I acknowledge that I was offered uninsured motorist coverage with the limits equal to those for bodily injury liability coverage.

Limits I choose are _____/_____

- I elect to have the following limits for **Underinsured Motorist Coverage**: _____/_____

- I choose to **reject Underinsured Motorist Coverage** entirely.

This statement will remain in force until a named insured rescinds it in writing or until the motor vehicle bodily injury liability limits are changed.

Signature and Date (PLEASE NOTE: A named insured must sign and date this statement at the time a named insured elects lower limits.)

(Signature of Named Insured)

(Date of Signature)



Policy Number: _____

DRIVER EXCLUSION ENDORSEMENT

In consideration of the continuation of this policy at the premium charged, it is agreed that all coverages, including, but not limited to:

- Bodily Injury Liability,
- Property Damage Liability,
- Medical Payments,
- Personal Injury Protection Coverage (where applicable),
- Uninsured Motorists Coverage,
- Underinsured Motorists, and
- Physical Damage,

are not afforded by this policy while any vehicle described in the policy, or any other vehicle to which the terms of this policy are extended, is being used, driven, operated, manipulated by, or under the care, custody or control, with or without permission, by the person named below:

NAME OF EXCLUDED DRIVER	AGE	RELATIONSHIP TO INSURED
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All other terms and conditions of this policy remain unchanged.

The Named Insured accepts this endorsement and confirms acceptance as witness his/her signature.

Signature/Acceptance of Named Insured

Date