



AMERICAN FAMILY HOME INSURANCE COMPANY (070)
MICHIGAN
MOTOR HOME APPLICATION

Quote/Binder# _____

Policy Number _____

Renewal of Policy# _____

| | |
|---|--|
| SUBPRODUCER CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | AGENCY CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| SUBPRODUCER: ADDRESS: PHONE: | AGENCY NAME: ADDRESS: PHONE: |

| APPLICANT INFORMATION | LIENHOLDER INFORMATION |
|--|--|
| LAST FIRST MI ADDRESS CITY STATE ZIP WORK PHONE HOME PHONE () () | NAME ADDRESS CITY STATE ZIP JOINT OWNER NAME ADDRESS CITY STATE ZIP |

| GARAGE LOCATION (if different than address above) | POLICY PERIOD: 12:01 AM STANDARD TIME |
|---|---------------------------------------|
| STREET CITY STATE ZIP | EFFECTIVE EXPIRATION |

| DRIVER INFORMATION | | | | | |
|--------------------|--------------------------------|----------------------|------------------------|-------------------------|-------|
| DRIVER NUMBER | NAMES OF ALL POTENTIAL DRIVERS | BIRTH DATE MO DAY YR | SOCIAL SECURITY NUMBER | DRIVER'S LICENSE NUMBER | STATE |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

| DRIVER NUMBER | RELATION TO INSURED | MARITAL STATUS | SEX | % USE | OCCUPATION |
|---------------|---------------------|----------------|-----|-------|------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

| DESCRIPTION OF MOTOR HOME | | | | LENGTH (FT.) | NEW / USED | DATE PURCHASED | ANNUAL MILES | VALUE |
|---------------------------|-------------------------|------|-----------------------|--------------|------------|----------------|--------------|-------|
| YEAR | MAKE/MODEL/MODEL NUMBER | TYPE | IDENTIFICATION NUMBER | | | | | |
| | | | | | | | | |

1. Is the unit ever used in business? No Yes
2. Is the unit ever rented or loaned to others? No Yes
If yes, please explain _____
3. Is the unit owned by persons residing in separate households? No Yes
If yes, please explain _____
4. Has the principal operator owned and operated motor homes for less than 12 months? No Yes
5. Residence 6 months or more/year? No Yes
6. Has insurance been cancelled, declined or non-renewed during the past 5 years?? No Yes
If yes, please explain _____

| LIST ALL TRAFFIC LAW CONVICTIONS, ALL ACCIDENTS (WHETHER OR NOT AT FAULT) AND ANY LOSS FOR ALL DRIVERS IN THE PAST 3 YEARS. | | | | | |
|---|--------------------|-----------------|-------------|-----------|---------|
| DRIVER NUMBER | TYPE OF OCCURRENCE | OCCURRENCE DATE | EXPLANATION | \$ DAMAGE | INJURY? |
| | | | | | |
| | | | | | |
| | | | | | |

| DESCRIPTION OF TRAILER | | | |
|------------------------|-------------------------|-------|----------------|
| YEAR | MAKE/MODEL/MODEL NUMBER | VALUE | USE OF TRAILER |
| | | | |

7. Is the unit ever used to commute to work or school? No Yes
8. Is the motor home a van conversion or non-professional conversion of a school or public transit bus, step van, pick up or delivery vehicle? No Yes
9. Is the unit a professional conversion? No Yes
10. Is the unit a freightliner-type tow vehicle used to tow anything other than a 5th wheel travel trailer? No Yes
11. Is there any broken glass or physical damage to the unit and/or miscellaneous trailer? No Yes
If yes, please explain _____
12. Is there any operator with a physical or mental impairment that would affect their ability to safely operate the unit? No Yes
If yes, please explain _____
13. Is the unit titled in a business name or corporation? No Yes
14. Does any operator require a Financial Responsibility Certificate (SR22)? No Yes
15. Has any operator had their driver's license suspended in the last 60 months? No Yes
16. Is the unit registered or garaged outside of the United States? No Yes
17. Is the unit held for sale or on consignment? No Yes
18. Have there been any collision, fire, liability, and/or theft loss(es) within the last 36 months OR a total loss to any vehicle? No Yes
If yes, please explain _____
19. Has any operator filed bankruptcy in the last 7 years? No Yes

| Coverages: | | Value \$ _____ | | | |
|--|--|--|---|--|-------------------------------------|
| 1. Other Than Collision | Deductible options | <input type="checkbox"/> 250 | <input type="checkbox"/> 500 | <input type="checkbox"/> 1,000 | <input type="checkbox"/> _____ |
| 2. Collision | Deductible options | <input type="checkbox"/> Limited <input type="checkbox"/> 250 | <input type="checkbox"/> 500 | <input type="checkbox"/> Broadened <input type="checkbox"/> 1,000 | <input type="checkbox"/> _____ |
| 3. Bodily Injury | Limit Options | <input type="checkbox"/> 50/100 | <input type="checkbox"/> 100/300 | <input type="checkbox"/> 300/500 | <input type="checkbox"/> _____ |
| 4. Property Damage | Limit Options | <input type="checkbox"/> 50,000 | <input type="checkbox"/> 100,000 | <input type="checkbox"/> 300,000 | <input type="checkbox"/> _____ |
| 5. Personal Injury Protection Basic | Deductible Options | <input type="checkbox"/> 100 | <input type="checkbox"/> 200 | <input type="checkbox"/> 300 | |
| Rejection of Work Loss | <input type="checkbox"/> Excess Medical | <input type="checkbox"/> Excess Work Loss | <input type="checkbox"/> Excess Medical & Work Loss | <input type="checkbox"/> Three+ Insureds | |
| Property Protection Insurance | <input type="checkbox"/> One Insured | <input type="checkbox"/> Two Insureds | | | |
| Property Damage Liability Buyback | | | | | |
| 6. Uninsured Motorists | Limit Options | <input type="checkbox"/> 50/100 | <input type="checkbox"/> 100/300 | <input type="checkbox"/> 300/500 | <input type="checkbox"/> _____ |
| 7. Underinsured Motorists | Limit Options | <input type="checkbox"/> 50/100 | <input type="checkbox"/> 100/300 | <input type="checkbox"/> 300/500 | <input type="checkbox"/> _____ |
| 8. Towing and Labor | | <input type="checkbox"/> 100 | <input type="checkbox"/> 250 | <input type="checkbox"/> 500 | <input type="checkbox"/> Reasonable |
| 9. Personal Effects (ACV) | | <input type="checkbox"/> _____ | | Amount \$ _____ | |
| 10. Replacement Cost Pers. Effects (Must equal PE ACV if selected) | | | | Amount \$ _____ | |
| 11. Emergency Expense | | <input type="checkbox"/> 500 | <input type="checkbox"/> 750 | | |
| 12. Mexico Coverage | | <input type="checkbox"/> _____ | | | |
| 13. Settlement Options | <input type="checkbox"/> Actual Cash Value | <input type="checkbox"/> Replacement Cost | <input type="checkbox"/> Agreed Value | | |
| 14. Accidental Death & Dismemberment | | <input type="checkbox"/> _____ | | | |
| 15. Trailer | | <input type="checkbox"/> _____ | | Value \$ _____ | |
| 16. Diminishing Deductible | Deductible Options | <input type="checkbox"/> 250 | <input type="checkbox"/> 500 | <input type="checkbox"/> 1,000 | <input type="checkbox"/> _____ |
| 17. Full Timer | | <input type="checkbox"/> 50/100 | <input type="checkbox"/> 100/300 | <input type="checkbox"/> 300/500 | <input type="checkbox"/> _____ |
| 18. Vacation Liability | | <input type="checkbox"/> 10,000 | <input type="checkbox"/> 25,000 | <input type="checkbox"/> 50,000 | <input type="checkbox"/> 100,000 |
| 19. Outstanding Principal Loan Balance | | <input type="checkbox"/> _____ | | | |
| 20. MCCA Fee | | <input type="checkbox"/> _____ | | | |
| 21. Subtotal (Coverages 8 through 20) | | | | | |
| 22. Total Premium | | | | | |

| Sum all Discounts and Surcharges. Apply Total Discounts/ Surcharges % to coverage in Column 2 above. | DISCOUNTS | | | | | | | | | SURCHARGES | | | | | | | | | Total Discount/ Surcharge % |
|--|---------------------------------|-------------------------------------|----------------------------------|------------------------------|---|--|---|---|---|---|---------------------------------------|--|---|--|---|---------------------------------------|--|--|-----------------------------|
| | Anti-Theft | | | | Passive Restraint | | | | | Accidents & Violations | | | | | | | | | |
| | <input type="checkbox"/> Active | <input type="checkbox"/> Alarm Only | <input type="checkbox"/> Passive | <input type="checkbox"/> VIN | <input type="checkbox"/> Driver Side Only | <input type="checkbox"/> Driver & Passenger Side | <input type="checkbox"/> Association Member | <input type="checkbox"/> Senior Citizen | <input type="checkbox"/> Anti-Lock Brakes | <input type="checkbox"/> Three Minor Violations | <input type="checkbox"/> One Accident | <input type="checkbox"/> Two Accidents | <input type="checkbox"/> Business Use Light | <input type="checkbox"/> Personal Rental | <input type="checkbox"/> Inexperienced Operator | <input type="checkbox"/> Unit <21 ft. | <input type="checkbox"/> Full Timer/ Primary Residence | <input type="checkbox"/> Youthful Operator | |
| Coverage: | -5% | -5% | -15% | -5% | -20% | -30% | -5% | -5% | -5% | 20% | 50% | 150% | 50% | 100% | 10% | 35% | 50% | 65% | |

| 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 _____ |



MICHIGAN COVERAGE SELECTION FORM

MANDATORY COVERAGES

Minimum amounts of these 3 coverages are required.

Residual Liability - Minimum \$20,000 per person/\$40,000 per occurrence for bodily injury/\$10,000 for property damage.

I hereby choose the following limits:

Bodily Injury \$_____ per person/\$_____ per occurrence

Property Damage \$_____ per occurrence

Personal Injury Protection (PIP) – Provides the following benefits:

| | |
|--|---|
| Medical Expenses | No maximum dollar amount |
| Funeral Expenses | Up to \$1,750 per person |
| Work Loss | Up to \$3,172* for any 30 day period |
| Replacement Services | \$20 per day maximum |
| Survivor's loss consisting of income loss and replacement services | Up to \$3,172* for any 30 day period subject to a \$20 per day maximum for re-placement services. |

- or whatever amount is established under the Michigan Insurance Code for accidents occurring on or after the date of the change in the maximum.

If you have other health or wage replacement coverage, you may coordinate them with your PIP coverage and reduce your premium. Enter the name of the insurance company providing your health or wage loss coverage. Medicare and Medicaid Supplement policies do NOT qualify for this coordination. You may apply a deductible to Basic PIP coverage.

Coordination of Benefits:

- Health _____ (Name of Company)
- Wage Loss _____ (Name of Company)
- Deductible: _____ (Amount)

Property Protection Insurance - \$1 Million coverage will be automatically provided.

OPTIONAL COVERAGES

- Property Damage Liability Buyback** - (Mini-Tort) \$500.00
- Uninsured Motorist** - The company will pay for damages you are legally entitled to recover from the owner or operator of a hit and run or uninsured motor vehicle because of bodily injury, sickness, disease or death caused by an accident. You may choose limits up to your Bodily Injury Liability limits, but not less than 20,000 per person/40,000 per occurrence:
_____ per person/ _____ per occurrence
- Underinsured Motorist** - Basic limits (up to the minimum of 20/40) are provided under Uninsured Motorists Coverage. Underinsured Motorists Coverage provides insurance for protection against loss for bodily injury, sickness or disease, including death, where the limit of coverage available for payment to you under all bodily injury liability bonds and insurance policies covering persons liable to you is greater than the minimum limits

specified by the financial responsibility law of Michigan, but less than the limit for the Underinsured Motorists coverage under your policy at the time of the accident.

_____per person/_____per occurrence

- Comprehensive Coverage** - The company will pay for theft loss of the vehicle, damage from collision with an animal and damage not caused by collision. _____ Deductible

Collision Options:

You may select only one collision coverage option per vehicle. Under Michigan law, if the driver of another vehicle was 50% or more at fault in the accident, you may sue the driver to recover up to \$500 in collision damage not covered by insurance.

- No Collision Coverage** - The company will not pay for collision damage to the insured vehicle.
- Limited Collision Coverage** - The company will pay for collision damages ONLY if you are 50% or less at fault in the accident. If you are more than 50% the cause of the accident, the company will not pay for collision damage. You can buy limited collision with or without a deductible. _____ (Deductible)
- Regular Collision Coverage** (sometimes referred to as “standard” or “basic” collision) - The company will pay for collision damage to the insured vehicle regardless of who is responsible for the accident. You **MUST** pay a deductible amount. _____ (Deductible)
- Broadened Collision Coverage** – No deductible applies provided the operator is not more than 50% of the cause of the accident. If you are more than 50% at fault in the accident, you must pay a deductible amount. _____ (Deductible)

Collision statement - *Applicant signature required:* I have read the four collision coverage options (none, limited, regular, broadened). I understand the coverage that is available under each option in the event of damage to my vehicle(s). I have chosen the coverage option indicated above. I reject the other collision coverage options.

Applicant's Signature



DRIVER EXCLUSION ENDORSEMENT - MICHIGAN

This endorsement modifies insurance provided under the following:

MOTOR HOME POLICY

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,
- Uninsured Motorists Coverage,
- Underinsured Motorists Coverage, 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 |
|-------------------------|-----|-------------------------|
|-------------------------|-----|-------------------------|

Please note the consequences of this endorsement being attached to the policy:

1. There would be no residual liability insurance in effect and the owner and operator of the vehicle could be held personally liable for any damages in the event of an accident.
2. The vehicle would be considered uninsured under the no-fault law, and the owner and the operator of the vehicle could be guilty of a misdemeanor and subject to the penalties of Section 3102 (2) of Michigan law.
3. Under the provisions of Section 31139 (b) of Michigan law, if the owner or registrant of the vehicle is injured in an accident where the vehicle was driven by a named excluded driver, the owner or registrant would not be eligible for any personal injury protection benefits from any no-fault policy or from the assigned claims plan.

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 _____

Date _____