



ILLINOIS TRAVEL TRAILER APPLICATION

Company #

Policy #

Subproducer Code and Agency Code fields with subproducer and agency name/address/phone labels.

Applicant Information and Lienholder Information sections with fields for name, address, city, state, zip, and phone numbers.

Garage Location and Policy Period sections with fields for street, city, state, zip, effective, and expiration dates.

DRIVER INFORMATION

Table with 5 columns: Driver Number, Names of All Potential Drivers, Birth Date, Social Security Number, Driver's License Number, State.

Table with 5 columns: Driver Number, Relation to Insured, Marital Status, Sex, Occupation.

LIST ALL TRAFFIC LAW CONVICTIONS AND ALL ACCIDENTS (WHETHER OR NOT AT FAULT) FOR ALL DRIVERS DURING PAST 3 YEARS.

Table with 7 columns: Driver Number, Type of Occurrence, Occurrence Date, Explanation, At-Fault, \$ Damage, Injury?

Table with 9 columns: Description of Travel Trailer, Type, Identification Number, Unit Length, New/Used, Value, Purchase Type, Purchase Date.

- 16 numbered questions regarding unit usage, insurance, and accidents with Yes/No checkboxes.

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

DISCOUNTS				SURCHARGES								Total Discount/ Surcharge %	
Sum all Discounts and Surcharges. Apply Total Discounts/Surcharges% to coverage in Column 2 above.	Anti-Theft		Association <input type="checkbox"/> -5%	Accidents and Violations			Joint Owner <input type="checkbox"/> 50%	Business Use - Light <input type="checkbox"/> 50%	Personal Rental <input type="checkbox"/> 100%	Inexperienced Operator <input type="checkbox"/> 10%	Full Timer / Primary Residence <input type="checkbox"/> 50%		Operator < 26 <input type="checkbox"/> 65%
	Coverage:	Alarm Only <input type="checkbox"/> -5%		VIN Etching <input type="checkbox"/> -5%	3 Minor Viol. <input type="checkbox"/> 20%	1 Acc. <input type="checkbox"/> 50%						2 Acc. <input type="checkbox"/> 150%	
Other Than Collision													
Collision													
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 \$100, WHICHEVER IS MORE.)	<input type="checkbox"/> CREDIT CARD (Attach Supplemental Form)
	<input type="checkbox"/> EZPay (Attach Supplemental Form) \$ _____

REQUIRED 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.

Applicant'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. The company will send notice of cancellation to you, effective ten days from the date that we mail it. I understand that the coverages specified in this application will not apply for a travel trailer I own while the travel trailer is used in business or rented, leased or loaned for a charge to an 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 (1) effective upon notification of cancellation by you 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 is not less than \$100.00.

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



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 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