



TRAVEL TRAILER APPLICATION

Company #

Policy #

Subproducer and Agency information section with fields for code, name, address, and phone.

Applicant and Lienholder information section with fields for name, address, city, state, zip, and phone numbers.

Garage location and Policy period section 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, and State.

Table with 5 columns: Driver Number, Relation to insured, Marital status, Sex, and 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, and Injury?

Table with 9 columns: Description of travel trailer, Type, Identification number, Unit length, New/used, Value, Purchase type, and Purchase date.

- 15 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"/> _____ | = | x | = |
| 2. Collision | Deductible options <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> _____ | = | x | = |
| 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) | | = | x | = |
| 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 (Choose Only One) | | Accidents & Violations | | | Joint Owner 50% | Business Use Light 50% | Personal Rental 100% | Youthful Operator (Under 26) 65% | Inexperienced Operator 10% | Full Timer/ Primary Residence 50% | |
| | <input type="checkbox"/> Alarm Only -5% | <input type="checkbox"/> VIN -5% | <input type="checkbox"/> 3 Minor Violations 20% | <input type="checkbox"/> 1 Accident 50% | <input type="checkbox"/> 2 Accidents 150% | | | | | | | |
| Coverage: | | | | | | | | | | | | |
| 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) |
| \$ _____ 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) AMOUNT INCLUDED \$ _____ |
| | <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.

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. 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 (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 \$50.00.

| | | |
|------------------------------|------------|------------|
| Signature of Applicant _____ | Date _____ | Time _____ |
| Signature of Agent _____ | Date _____ | Time _____ |