



MICHIGAN TRAVEL TRAILER APPLICATION

Company #

Policy #

Subproducer Code, Agency Code, Subproducer Address, Agency Name Address, Phone fields.

Applicant Information and Lienholder Information sections including Name, Address, City, State, ZIP, and Phone fields.

Garage Location and Policy Period sections including Street, City, State, ZIP, Effective, and Expiration fields.

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 questions regarding unit usage, insurance, and operator status with Yes/No checkboxes.

Coverages:		Value \$ _____			
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)		<input type="checkbox"/> _____ Amount \$ _____			
5. Replacement Cost Pers. Effects (Must equal PE ACV if selected)		Amount \$ _____			
6. Emergency Expense		<input type="checkbox"/> 150	<input type="checkbox"/> 500	<input type="checkbox"/> 750	
7. Mexico Coverage		<input type="checkbox"/> _____			
8. Settlement Options	<input type="checkbox"/> Actual Cash Value	<input type="checkbox"/> Replacement Cost	<input type="checkbox"/> Agreed Value		
9. Accidental Death & Dismemberment		<input type="checkbox"/> _____			
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		<input type="checkbox"/> _____			

14. **Subtotal (Coverages 3 through 13)**

15. **Total Premium**

DISCOUNTS				SURCHARGES										
Sum all Discounts and Surcharges. Apply Total Discounts/Surcharges % to coverage in Column 2 above.	Anti-Theft (Choose Only One)			Accidents & Violations										Total Discount/Surcharge %
	<input type="checkbox"/> Alarm Only -5%	<input type="checkbox"/> VIN -5%	<input type="checkbox"/> Assoc. -5%	<input type="checkbox"/> 3 Minor Viol. 20%	<input type="checkbox"/> 1 Acc. 50%	<input type="checkbox"/> 2 Acc. 150%	<input type="checkbox"/> Joint Owner 50%	<input type="checkbox"/> Business Use Light 50%	<input type="checkbox"/> Personal Rental 100%	<input type="checkbox"/> Youthful Operator (Under 25) 65%	<input type="checkbox"/> Inexperienced Operator 10%	<input type="checkbox"/> Full Timer/ Primary Residence 50%		
Coverage:														

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)			

**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 any 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 company will send notice of cancellation 10 days from the date of first class mailing 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. In absence of issuance of a policy within the first 20 days, the company may send notice effective 10 days from the date of first class mailing. If this binder is not replaced by a policy, the pro rata unearned premium will be returned.

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



Policy Number: \_\_\_\_\_

## DRIVER EXCLUSION ENDORSEMENT - MICHIGAN

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In consideration of the continuation of this policy at the premium charged, it is agreed that any of the coverage afforded by this policy shall not apply while any travel trailer described in the policy, or any other travel trailer to which the terms of this policy are extended is being used, operated, manipulated by, or under the care, custody or control, with or without permission, by the person named below.

<b>NAME OF EXCLUDED DRIVER</b>	<b>AGE</b>	<b>RELATIONSHIP TO INSURED</b>
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The Named Insured accepts this endorsement and confirms acceptance as witness his (her) signature.

\_\_\_\_\_  
**Signature/Acceptance of Named Insured**

\_\_\_\_\_  
**Date**