



TRAVEL TRAILER APPLICATION

Company #

Policy #

Subproducer Code, Agency Code, Subproducer Name, Agency Name, Address, Phone

Applicant Information, Lienholder Information, Joint Owner

Garage Location, Policy Period

DRIVER INFORMATION

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

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

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

- 1. Is the unit ever used in a business? If yes, please explain...
2. Is the unit ever rented or loaned to others? If yes, please explain...
3. Is the unit owned by persons residing in separate households? If yes, please explain...
4. Has the principle operator owned and operated travel trailers for less than 12 months?
5. Residence 6 months or more?
6. Has Insurance been cancelled, non-renewed or declined in the last 5 years? If yes, please explain...
7. Is the unit ever used for hauling animals?
8. Is there any broken glass or physical damage to the unit? If yes, please explain...
9. Is there any operator with a physical or mental impairment that would affect their ability to safely operate the unit? If yes, please explain...
10. Is this unit titled in the name of a business or corporation? If yes, please explain...
11. Does any operator require a Financial Responsibility Certificate(SR22)?
12. Has any driver had their driver's license suspended in the last 60 months?
13. Is the unit registered or garaged outside of the United States?
14. Is the unit held for sale or on consignment?
15. Have there been any collision, fire, liability, and/or theft loss(es) in the last 36 months OR a total loss to any vehicle? If yes, please explain...
16. Has any driver declared bankruptcy in the last 7 years?

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										
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 %
	Alarm Only	VIN	Association	3 Minor Viol.	1 Acc.	2 Acc.	Joint Owner	Business Use Light	Personal Rental	Youthful Operator (Under 26)	Inexperienced Operator	Full Timer/Primary Residence		
Coverage:	-5%	-5%	-5%	20%	50%	150%	50%	50%	100%	65%	10%	50%		
Other Than Collision														
Collision														
All Other Coverages														

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

INSURANCE FRAUD NOTIFICATION: Any person who, with intent to defraud or knowing that he is facilitating a fraud, or helps commit a fraud against an insurer, files a claim containing a false or deceptive statement is guilty of insurance fraud.

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