

<b>TRAVELER APPLICATION</b> PRINT OR TYPE ALL INFORMATION!	<b>CHECK PROGRAM APPLICABLE</b> <input type="checkbox"/> REGULAR L.O.B. #39 <input type="checkbox"/> STATIONARY L.O.B. #41 SUSPENSE #: _____ POLICY #: _____	G.A. #: _____ SUBAGENT # _____
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**APPLICANT/OWNER**  (Check box if additional Applicant/Owner is indicated in "Remarks" section on reverse side.)

NAME:	SOCIAL SECURITY NO.:	HOME PHONE: ( ) ( ) ( )
	DATE OF BIRTH:	WORK PHONE: ( ) ( ) ( )
MAILING ADDRESS:	CITY:	STATE: ZIP:
LOCATION ADDRESS: (If different than mailing address)	CITY:	STATE: ZIP:

**LIENHOLDER**  (Check box if additional Lienholder is indicated in "Remarks" section on reverse side.)

NAME:	ACCOUNT NUMBER:
MAILING ADDRESS:	CITY: STATE: ZIP:

**PERIOD OF INSURANCE (12:01 A.M. STANDARD TIME)**

EFFECTIVE DATE: FROM: TO:	PREVIOUS CARRIER
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**DESCRIPTION OF TRAVEL TRAILER**

YEAR	MAKE/MODEL	SERIAL NUMBER	LENGTH	WIDTH	DATE PURCHASED	PURCHASE PRICE
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**TYPE OF UNIT**

TRAVEL TRAILER (R)
  CAMPING TRAILER (C)
  FIFTH WHEEL (F)
  TRUCK MOUNTED (M)

**DRIVER INFORMATION (REGULAR PROGRAM ONLY)**  
REQUIRED IF TRAVEL TRAILER IS VALUED OVER \$20,000 – LIST ALL DRIVERS

NAME	D.O.B.	LICENSE #	STATE	VIOLATIONS
1.	/ /			
2.	/ /			

CLASSIFICATION	COVERAGES	TOTAL LIMITS	PREMIUM	
1. Is trailer used as a primary residence? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. Number of years experience pulling a trailer: _____ years. 3. Approximately how many miles each year is the unit pulled? _____ miles. 4. Is this an Airstream, Avion, or other Airplane type? <input type="checkbox"/> YES <input type="checkbox"/> NO 5. Is trailer used for other than recreational use or travel? <input type="checkbox"/> YES <input type="checkbox"/> NO 6. Has insured reported any claim in past 36 months? <input type="checkbox"/> YES <input type="checkbox"/> NO 7. Has insured been canceled or non-renewed in past 36 months? <input type="checkbox"/> YES <input type="checkbox"/> NO 8. Is the trailer located in an area subject to flood, mudslides, brush fires, or high crime? <input type="checkbox"/> YES <input type="checkbox"/> NO 9. Has any driver been convicted of a major traffic violation within the last three years? <input type="checkbox"/> YES <input type="checkbox"/> NO  #5 - #9, IF YES, EXPLAIN ON REVERSE SIDE	<b>REGULAR PROGRAM:</b>			
	Comprehensive Travel Trailer			
	Named Perils Personal Effects			
	Off Road Liability			
	Lender's Interest Protection			
	<b>STATIONARY PROGRAM:</b>			
	Comprehensive Travel Trailer			
	Comprehensive Adjacent Structures			
	Named Perils Personal Effects			
	Comprehensive Personal Liability			
	Lender's Interest Protection			
	<b>DEDUCTIBLE CREDIT / DEBIT:</b>			
	<b>MISCELLANEOUS FEES / TAXES:</b>			
	<b>PROTECTION CLASS</b>	<b>DEDUCTIBLE AMOUNT</b>		
	(Stationary Program Only) _____ \$ _____		<b>TOTAL PREMIUM: \$</b>	

**OPTIONAL DEDUCTIBLES**

\$500 All Perils, Credit: \$20.00  
 \$1,000 All Perils, Credit: \$40.00

**BILLING INFORMATION**

<input type="checkbox"/> AGENCY BILL <input type="checkbox"/> DIRECT BILL	IF DIRECT BILL, BILL TO: <input type="checkbox"/> APPLICANT <input type="checkbox"/> LIENHOLDER	DOWN PAYMENT: \$ _____	CHECK AMOUNT ENCLOSED: \$ _____
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**IN ARKANSAS:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or statement of claim, containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

**IN CALIFORNIA:** Do you wish to purchase Earthquake Coverage?  Yes  No If No, Please Sign Here: \_\_\_\_\_

**IN COLORADO:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and civil penalties.

**IN KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

**IN MARYLAND:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and substantial civil penalties.

**IN MINNESOTA:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**IN NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**IN NEW MEXICO:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and civil penalties.

**IN NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**IN OHIO:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

**IN PENNSYLVANIA:** Any person who knowingly and with the intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, but subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

**IN RHODE ISLAND:** Have you been convicted, to any degree, of the crime of arson within the last ten (10) years?  Yes  No

Failure to disclose the existence of an Arson Conviction, when requested, shall be a misdemeanor punishable by a sentence of not more than one (1) year imprisonment.

**FAIR CREDIT REPORTING ACT NOTICE:** This notice is given in compliance with the Federal Credit Reporting Act (Public Law 91-508). As part of our underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SUBAGENT NAME	DATE	APPLICANT SIGNATURE <b>X</b>
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**CLASSIFICATION RESPONSES**

5. \_\_\_\_\_  
 \_\_\_\_\_

6. DATE OF LOSS: \_\_\_\_\_ TYPE OF LOSS: \_\_\_\_\_ AMOUNT PAID: \$ \_\_\_\_\_  
 DATE OF LOSS: \_\_\_\_\_ TYPE OF LOSS: \_\_\_\_\_ AMOUNT PAID: \$ \_\_\_\_\_

7. NAME OF COMPANY: \_\_\_\_\_ REASON: \_\_\_\_\_  
 OTHER REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. \_\_\_\_\_  
 \_\_\_\_\_

9. \_\_\_\_\_  
 \_\_\_\_\_

USE THIS AREA TO EXPLAIN UNDERWRITING INFORMATION, LIST ADDITIONAL APPLICANTS OR LIENHOLDERS, AND FOR GENERAL COMMENTS OR INSTRUCTIONS.

UNDERWRITING GUIDELINES	INELIGIBLE RISKS
<ol style="list-style-type: none"> <li>Trailer must be owned by individuals.</li> <li>Trailers must be the primary or seasonal residence of the owner, or used as the owner's recreational vehicle.</li> <li>Adjacent Structures Coverage on the Stationary Program is limited to 50% of the value of the trailer, or \$2,500, whichever is less.</li> <li>Airstreams, Avions, and other "airplane type" trailers are acceptable. <b>However, a 15% surcharge will be added to the base premium.</b></li> <li>Annual Policies only.</li> <li>Minimum Written Premium — \$75.00 per policy</li> <li>Minimum Earned Premium — \$35.00 per policy (<i>Does not apply in Georgia or South Carolina. In Minnesota, this only applies if the insured initiates the cancellation</i>)</li> </ol>	<ol style="list-style-type: none"> <li>Motor Homes, Mobile Homes, Home Made Trailers, and Horse Trailers.</li> <li>Any operator that has been convicted of a major traffic violation within the past three years. MVRs are <b>required</b> on all operators for units valued at \$20,000 or more. (<b>Regular Program only.</b>)</li> <li>Units used in Mexico.</li> <li>Trailers used for any business activity.</li> </ol>

MISCELLANEOUS FEES	
<ul style="list-style-type: none"> <li>\$15.00 Policy Fee – Fully Earned – Arkansas, California and Louisiana</li> <li>\$15.00 Expense Constant – Fully Earned – Idaho</li> <li>\$20.00 Expense Constant – Fully Earned – Nebraska</li> </ul>	<ul style="list-style-type: none"> <li>\$10.00 Expense Constant – Oregon</li> <li>\$10.00 Expense Constant — Washington (If canceled by the insured, Expense Constant is Fully Earned.)</li> </ul>

REGULAR PROGRAM	
<b>PACKAGE INCLUDES:</b>	
<ul style="list-style-type: none"> <li>Comprehensive and Collision Coverage on the Travel Trailer</li> <li>Named Perils Personal Effects — 10% of Travel Trailer Amount</li> <li>Fire Department Service — Up to \$100 (<b>Not available in AZ, NJ or NM</b>)</li> <li>Towing and Labor — Up to \$200</li> <li>Emergency Vacation Expense — Up to \$250</li> <li>First Aid Expense — Up to \$500</li> <li>\$250 All Perils Deductible</li> </ul>	
RATE: \$2.50 per \$100 of coverage	
<b>OPTIONAL COVERAGES:</b>	
LIENHOLDER INTEREST PROTECTION: ( <i>Fully Earned</i> )	\$15.00
<i>(Not available in Pennsylvania)</i>	
ADDITIONAL PERSONAL EFFECTS, per \$100:	\$ 1.50
<i>In California only:</i>	
FLOOD & RISING WATER COVERAGE: ( <i>California Only</i> )	\$35.00
<i>(Flood is included in all other states.)</i>	
<b>OFF ROAD LIABILITY:</b>	
\$ 25,000	\$10.00
\$ 50,000	\$18.00
\$100,000	\$25.00
<b>OPTIONAL DEDUCTIBLES:</b>	
\$ 500 All Perils, credit	\$20.00
\$1,000 All Perils, credit	\$40.00

STATIONARY PROGRAM	
<b>PACKAGE INCLUDES:</b>	
<ul style="list-style-type: none"> <li>Comprehensive Coverage on the Travel Trailer</li> <li>Named Perils Personal Effects — 10% of Travel Trailer Amount</li> <li>Burglary Coverage on Personal Effects located inside the trailer</li> <li>Additional Living Expense — Up to 10% of the Travel Trailer Amount</li> <li>Fire Department Service — Up to \$100 (<b>Not available in AZ, NJ or NM</b>)</li> <li>First Aid Expense — Up to \$500</li> <li>\$250 All Peril Deductible</li> </ul>	
RATE: \$2.00 per \$100 of coverage	
<b>OPTIONAL COVERAGES:</b>	
LIENHOLDER INTEREST PROTECTION: ( <i>Fully Earned</i> )	\$15.00
<i>(Not available in Pennsylvania)</i>	
ADDITIONAL PERSONAL EFFECTS, per \$100:	\$ 1.50
ADJACENT STRUCTURES, per \$100:	\$ 1.50
FLOOD & RISING WATER COVERAGE: ( <i>California Only</i> )	\$35.00
<b>30 DAY TRIP COLLISION COVERAGE: (<i>Fully Earned</i>)</b>	
\$ 250 Deductible	\$45.00
\$ 500 Deductible	\$35.00
\$1,000 Deductible	\$25.00
<b>COMPREHENSIVE PERSONAL LIABILITY: (<i>Medical Payments \$500</i>)</b>	
\$ 25,000	\$15.00
\$ 50,000	\$25.00
\$100,000	\$35.00
<b>OPTIONAL DEDUCTIBLES:</b>	
\$ 500 All Perils, credit	\$20.00
\$1,000 All Perils, credit	\$40.00