



ILLINOIS MOTOR HOME INSURANCE APPLICATION

PRODUCER CODE		
PRODUCER NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE

REFERENCE OR POLICY NUMBER	EFFECTIVE DATE	TERM 12 MO	PHONE NUMBER	FAX NUMBER
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NAMED INSURED Must be an INDIVIDUAL who is at least 18 years of age and have title to the vehicle. If title has been transferred to a TRUST or a BUSINESS, the trust or business may be listed as an ADDITIONAL INSURED. Identify the trust or business in the REGISTRATION NAME field below.

FIRST NAME	MI	LAST	OCCUPATION		
DATE OF BIRTH	SOCIAL SECURITY NUMBER		PHONE NUMBER		
MAILING ADDRESS			CITY	STATE	ZIP CODE

SECOND NAMED INSURED FIRST NAME	MI	LAST
DATE OF BIRTH	RELATIONSHIP TO INSURED	

OTHER OWNER RESIDING IN A DIFFERENT HOUSEHOLD

FIRST NAME	MI	LAST			
MAILING ADDRESS			CITY	STATE	ZIP CODE
DATE OF BIRTH	RELATIONSHIP TO INSURED				

DOES THE INSURED HAVE ANOTHER PERSONAL LINES OR LIFE POLICY WITH FOREMOST, FARMERS, BRISTOL WEST OR 21st CENTURY? Y N
A LIFE POLICY MUST BE TERM, WHOLE, UNIVERSAL OR VARIABLE UNIVERSAL POLICY, HAVE A FACE AMOUNT OF \$50,000 OR GREATER, ISSUED TO AN ADULT AND IN FORCE.

REGISTRATION NAME List the PERSON, the TRUST, or the BUSINESS entity having title to the vehicle. BUSINESS registrations must be for tax purposes only. The policy does not provide coverage for business, professional or occupational use.

REGISTRATION NAME
IF BUSINESS, SPECIFY TYPE

OPERATORS LIST ALL OPERATORS

NAME	DATE OF BIRTH	RELATIONSHIP TO NAMED INSURED	YEARS MOTOR HOME EXPERIENCE	SR-22 FILING REQUIRED?	ACCIDENT PREVENTION COURSE DATE	DRIVER'S LICENSE NUMBER	ISSUING STATE	PERCENT OF USE
1.				<input type="checkbox"/> Y <input type="checkbox"/> N				
2.				<input type="checkbox"/> Y <input type="checkbox"/> N				
3.				<input type="checkbox"/> Y <input type="checkbox"/> N				

ACCIDENTS OR VIOLATIONS

HAS ANY OPERATOR BEEN CONVICTED OF A MOVING VIOLATION OR HAD AN ACCIDENT (REGARDLESS OF FAULT OR TYPE OF VEHICLE DRIVEN) WITHIN THE PAST 3 YEARS? Y N
IF YES, PROVIDE DETAILS BELOW OR IN "REMARKS".

OPERATOR #	ACCIDENT/VIOLATION		ACCIDENT			PLACE (CITY-STATE)	DESCRIPTION
	(SPECIFY)	DATE	AT-FAULT	BODILY INJURY	AMOUNT OF PROPERTY DAMAGE		
	<input type="checkbox"/> ACC <input type="checkbox"/> VIOL		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
	<input type="checkbox"/> ACC <input type="checkbox"/> VIOL		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
	<input type="checkbox"/> ACC <input type="checkbox"/> VIOL		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		

VEHICLE INFORMATION

UNIT TYPE: <input type="checkbox"/> CLASS A <input type="checkbox"/> CLASS B <input type="checkbox"/> CLASS C <input type="checkbox"/> LUXURY COACH <input type="checkbox"/> MEDIUM DUTY TOW TRUCK				
YEAR	LENGTH	MAKE	MODEL	
VIN	ANNUAL MILEAGE	PURCHASE DATE	PURCHASE PRICE	CURRENT MARKET VALUE
SAFETY EQUIPMENT (CHECK THOSE THAT APPLY): <input type="checkbox"/> ANTI-LOCK BRAKES <input type="checkbox"/> AIRBAGS				UNREPAIRED DAMAGE <input type="checkbox"/> Y <input type="checkbox"/> N

USE: PLEASURE FULL-TIMER OTHER (SPECIFY) _____

NOTE: MOTOR HOMES THAT ARE RENTED, LEASED OR LOANED TO OTHERS FOR A CHARGE OR FEE, OR MOTOR HOMES THAT ARE USED IN ANY FULL- OR PART-TIME BUSINESS, OCCUPATION OR PROFESSIONAL CAPACITY, ARE UNACCEPTABLE - DO NOT BIND OR SUBMIT.

GARAGINGLOCATION TYPE: RESIDENTIAL BUSINESS PROPERTY RENTAL STORAGE OTHER IS THE UNIT STORED INSIDE? Y NCOMPLETE ADDRESS BELOW IF VEHICLE IS GARAGED AT A LOCATION OTHER THAN THE NAMED INSURED'S MAILING ADDRESS.
STREET CITY COUNTY STATE ZIP CODE**REGISTRATION ADDRESS IF DIFFERENT THAN GARAGING ADDRESS**

STREET CITY STATE ZIP CODE

LOSS HISTORY

DATE	TYPE	AMOUNT	DESCRIPTION

LOSS PAYEE OR LEASING COMPANY

LEASE OR LOAN NUMBER NAME OF LIENHOLDER STREET ADDRESS CITY STATE ZIP CODE

COVERAGE SELECTION CHECKED BOXES INDICATE SELECTED COVERAGES

<input type="checkbox"/> BODILY INJURY	<input type="checkbox"/> \$25/50	<input type="checkbox"/> \$50/100	<input type="checkbox"/> \$100/300	<input type="checkbox"/> \$300/500	<input type="checkbox"/> \$500/500	<input type="checkbox"/> \$500/1,000	<input type="checkbox"/> \$1,000/1,000	\$
<input type="checkbox"/> PROPERTY DAMAGE	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000		\$
<input type="checkbox"/> MEDICAL PAYMENTS	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000			\$
<input type="checkbox"/> UNINSURED MOTORISTS BODILY INJURY (NONSTACKED)	<input type="checkbox"/> \$25/50	<input type="checkbox"/> \$50/100	<input type="checkbox"/> \$100/300	<input type="checkbox"/> \$300/500	<input type="checkbox"/> \$500/500			\$
	<input type="checkbox"/> \$500/1,000	<input type="checkbox"/> \$1,000/1,000						\$
<input type="checkbox"/> UNDERINSURED MOTORISTS BODILY INJURY (NONSTACKED)	<input type="checkbox"/> \$50/100	<input type="checkbox"/> \$100/300	<input type="checkbox"/> \$300/500	<input type="checkbox"/> \$500/500	<input type="checkbox"/> \$500/1,000			\$
	<input type="checkbox"/> \$1,000/1,000							\$
<input type="checkbox"/> UNINSURED MOTORISTS PROPERTY DAMAGE	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$300,000			\$
	<input type="checkbox"/> \$500,000							\$
<input type="checkbox"/> OTHER THAN COLLISION ACV less deductible of:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$5,000			\$
<input type="checkbox"/> COLLISION ACV less deductible of:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$5,000			\$
<input type="checkbox"/> ADJACENT STRUCTURES	Amount \$ _____							\$
<input type="checkbox"/> VACATION LIABILITY	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000					\$
<input type="checkbox"/> TRAVELINE® TOWING/ROADSIDE ASSISTANCE	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> Reasonable Expense				\$
<input type="checkbox"/> EMERGENCY EXPENSE	<input type="checkbox"/> \$500	<input type="checkbox"/> \$750	<input type="checkbox"/> \$1,000					\$
<input type="checkbox"/> SCHEDULED MEDICAL BENEFITS								\$
<input type="checkbox"/> PERSONAL PROPERTY ACV less deductible of \$ _____	<input type="checkbox"/> \$1,000	<input type="checkbox"/> Additional amount of \$ _____						\$
<input type="checkbox"/> REPLACEMENT COST PERSONAL PROPERTY less deductible of \$ _____	<input type="checkbox"/> \$2,000	<input type="checkbox"/> Additional amount \$ _____						\$
<input type="checkbox"/> TOTAL LOSS REPLACEMENT COST	Is insured the original owner of the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Did the insured have Total Loss Replacement with the previous carrier (if applicable)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Previous carrier: _____							\$
<input type="checkbox"/> FULL-TIMER LIABILITY	<input type="checkbox"/> \$25/50	<input type="checkbox"/> \$50/100	<input type="checkbox"/> \$100/300	<input type="checkbox"/> \$300/500	<input type="checkbox"/> \$500/500	<input type="checkbox"/> \$500/1,000	<input type="checkbox"/> \$1,000/1,000	\$
	Limit equals Bodily Injury Liability limit							\$
<input type="checkbox"/> ADDITIONAL LIVING EXPENSE	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$5,000	(Available only when Full-Timer Liability is chosen)					\$
TOTAL WRITTEN PREMIUM								\$

Remarks:

REQUIRED APPLICANT INFORMATION APPLICANT MUST COMPLETE, SIGN AND DATE THIS APPLICATION.

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES.

In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score.

The insurer may obtain consumer reports or personal or privileged information from third parties. The information as well as other personal or privileged information subsequently collected by the insurer or your agent may in certain circumstances be disclosed to third parties without authorization, as permitted by law. You have the right of access and correction with respect to all personal information collected. At your request, the insurer will provide you with more detailed information regarding the collection, use and disclosure of personal information, and your rights to access and correct such information.

1. I agree to allow the insurer and its representatives to secure and review consumer report information including motor vehicle records or credit report information for persons listed in the application or subsequently added to the policy. I agree to allow the insurer and its representatives to share my name, address, date of birth, social security number and driver's license number with third party consumer reporting and insurance support organizations in order to obtain consumer reports. I further agree that the purpose of this authorization is to collect information in connection with my application, for my request for a change in policy benefits or for a replacement policy I may request. I understand that this authorization will remain in effect for one year from the date of my signature. I or my authorized representatives may request a copy of this authorization from my insurance representative.
2. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.
3. I understand that the coverage I selected will not provide Liability Coverage, Medical Payments Coverage or Coverage For Damage To Your Motor Home while that Motor Home is rented, leased or loaned for a charge to any organization or any person other than me.

APPLICANT SIGNATURE  DATE TIME AM PM

REQUIRED PRODUCER INFORMATION

By signing this application, I certify that I am both licensed by the state and appointed by Foremost to write this specific line of business.

PRODUCER SIGNATURE  DATE TIME AM PM

PRODUCER NAME (Print) PRODUCER LICENSE NO. COVERAGE BOUND? YES NO

PAYMENT PLANS COLLECT FULL PAYMENT OR DOWN PAYMENT BEFORE CALLING TO REQUEST COVERAGE

<input type="checkbox"/> FULL PAYMENT	<input type="checkbox"/> 2 PAY	<input type="checkbox"/> 4 PAY	<input type="checkbox"/> _____	DOWN PAYMENT	BALANCE DUE
A Service Fee will be included in each installment payment other than full-payment.				\$	\$

UNINSURED AND UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION FORM - ILLINOIS

Illinois law requires that the following coverages be offered to you:

Uninsured Motorists Bodily Injury Coverage provides benefits to you, your passengers or relatives living with you if an uninsured motorist causes their injuries. An uninsured motorist is one who is not insured for his/her liability, or who is unidentified after having fled the scene of an accident.

Underinsured Motorists Coverage provides benefits to you, your passengers or relatives living with you if an underinsured motorist causes their injuries. An underinsured motorist is one who is insured at the time of the accident but his/her limit of liability is less than the limit you select for this coverage.

Property Damage Uninsured Motorists Coverage provides benefits to you if a motorist without insurance causes damage to your vehicle or its contents.

SELECTION OR REJECTION OF COVERAGE

UNINSURED AND UNDERINSURED MOTORISTS BODILY INJURY COVERAGE (NONSTACKED)

Illinois Law requires that Uninsured Motorists and Underinsured Motorists Bodily Injury Coverage be offered to you at limits equal to your Bodily Injury Liability limits. You have the option of selecting lower limits. The limits you select may not exceed your Bodily Injury Liability limits. Indicate your selection here (amounts shown are for each person/each accident):

- \$25,000/50,000 \$100,000/300,000 \$500,000/500,000 \$1,000,000/1,000,000
- \$50,000/100,000 \$300,000/500,000 \$500,000/1,000,000

PROPERTY DAMAGE UNINSURED MOTORISTS COVERAGE

Property Damage Uninsured Motorists Coverage is available only if you have not purchased Collision Coverage for your vehicle. It is subject to a deductible of \$250. You also have the option of rejecting this coverage. If you have not purchased Collision Coverage, indicate your selection here:

- I have reviewed my insurance coverage and reject Property Damage Uninsured Motorists coverage entirely.
- I have not purchased Collision Coverage for my vehicle and I select the following Property Damage Uninsured Motorists Coverage limit:
 - \$15,000 \$50,000 \$300,000
 - \$25,000 \$100,000 \$500,000

I understand and agree that the selections above apply to my liability insurance. If I select another option at some future time, I must let the company or my agent know in writing.

SIGNATURE OF APPLICANT OR NAMED INSURED _____ DATE _____

APPLICANT OR NAMED INSURED (Please print) _____ POLICY NUMBER _____