

ILLINOIS TRAVEL TRAILER INSURANCE APPLICATION

PRODUCER CODE		
PRODUCER NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE

REFERENCE OR POLICY NUMBER	EFFECTIVE DATE	TERM YEARS	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
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DATE OF BIRTH	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> CU	SOCIAL SECURITY NUMBER	PHONE NUMBER
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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SECOND NAMED INSURED FIRST NAME	MI	LAST
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DATE OF BIRTH	RELATIONSHIP TO INSURED
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OTHER OWNER RESIDING IN A DIFFERENT HOUSEHOLD

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

VEHICLE INFORMATION

TYPE OF UNIT: (Please Check)

 <input type="checkbox"/> AUTO HAULER	 <input type="checkbox"/> TRAVEL TRAILER	 <input type="checkbox"/> TENT CAMPER	 <input type="checkbox"/> FIFTH WHEEL	 <input type="checkbox"/> TRUCK MOUNTED
 <input type="checkbox"/> UTILITY TRAILER	 <input type="checkbox"/> ANIMAL TRAILER WITH LIVING QUARTERS	 <input type="checkbox"/> ANIMAL TRAILER WITHOUT LIVING QUARTERS	 <input type="checkbox"/> SPORT UTILITY TRAILER WITH LIVING QUARTERS	 <input type="checkbox"/> SPORT UTILITY WITHOUT LIVING QUARTERS

YEAR	MAKE	MODEL	LENGTH
VIN	UNREPAIRED DAMAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	PURCHASE DATE	PURCHASE PRICE
			CURRENT MARKET VALUE

USE:
 PLEASURE FULL-TIMER FULL-TIMER STATIONARY STATIONARY OTHER (SPECIFY) _____
NOTE: TRAILERS AND CAMPERS (INCLUDING TRUCK-MOUNTED CAMPERS) THAT ARE USED IN ANY FULL- OR PART-TIME BUSINESS, OCCUPATION OR PROFESSIONAL CAPACITY ARE UNACCEPTABLE - DO NOT BIND OR SUBMIT.

GARAGING

LOCATION TYPE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> BUSINESS PROPERTY <input type="checkbox"/> RENTAL STORAGE <input type="checkbox"/> OTHER	IS THE UNIT STORED INSIDE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IN PARK? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMPLETE ADDRESS BELOW IF VEHICLE IS GARAGED AT A LOCATION OTHER THAN THE NAMED INSURED'S MAILING ADDRESS.
 STREET CITY COUNTY 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"/> OTHER THAN COLLISION	ACV less deductible of:	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$750	<input type="checkbox"/> \$1,000	\$
<input type="checkbox"/> COLLISION	ACV less deductible of:	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$750	<input type="checkbox"/> \$1,000	\$
<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 \$		\$
<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"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000		\$
<input type="checkbox"/> ADDITIONAL LIVING EXPENSE		<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$5,000	(Available only when Full-Timer Liability is chosen)			\$
THREE YEAR TENT CAMPER PROGRAM (Limited to campers with a recent purchase price or current market value of \$3,501 - \$12,000)							\$
\$250 Deductible - Other Than Collision and Collision Coverage (ACV)				\$500 Emergency Expense			
\$1,000 Personal Property - ACV less deductible of \$250				\$10,000 Vacation Liability			
No coverage options are available when this package is selected and premium payment will be three years, prepaid.							
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.

Notice of Information Practices. 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.

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.

FULL PAYMENT 2 PAY 4 PAY _____

An installment fee will be included in each installment payment other than full payment.

DOWN PAYMENT

\$ _____

BALANCE DUE

\$ _____