



ARIZONA MOTOR HOME INSURANCE APPLICATION

AGENCY CODE		
AGENCY 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		HOME PHONE
MAILING ADDRESS			CITY STATE ZIP CODE

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	
MAILING ADDRESS			CITY STATE ZIP CODE
DATE OF BIRTH	RELATIONSHIP TO INSURED		

<input type="checkbox"/> DOES ANY APPLICANT BELONG TO AN APPROVED RV ASSOCIATION GROUP OR ALLIANCE? <input type="checkbox"/> Y <input type="checkbox"/> N (AGENT: VERIFY AND RETAIN PROOF OF CURRENT MEMBERSHIP)	MEMBERSHIP NUMBER
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<input type="checkbox"/> DOES ANY APPLICANT HAVE ANOTHER IN-FORCE PERSONAL LINES POLICY OR QUALIFIED* LIFE POLICY WITH FOREMOST, FARMERS, ZURICH OR BRISTOL-WEST? <input type="checkbox"/> Y <input type="checkbox"/> N *REFER TO PROGRAM GUIDE FOR QUALIFICATIONS.

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

<input type="checkbox"/> 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? <input type="checkbox"/> Y <input type="checkbox"/> 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"/> \$15/30 <input type="checkbox"/> \$300/500	<input type="checkbox"/> \$25/50 <input type="checkbox"/> \$500/500	<input type="checkbox"/> \$50/100 <input type="checkbox"/> \$500/1,000	<input type="checkbox"/> \$100/300 <input type="checkbox"/> \$1,000/1,000	\$
<input type="checkbox"/> PROPERTY DAMAGE	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$100,000	<input type="checkbox"/> \$15,000 <input type="checkbox"/> \$300,000	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$500,000	<input type="checkbox"/> \$50,000	\$
<input type="checkbox"/> MEDICAL PAYMENTS	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$5,000		\$
<input type="checkbox"/> UNINSURED MOTORISTS BODILY INJURY	<input type="checkbox"/> \$15/30 <input type="checkbox"/> \$300/500	<input type="checkbox"/> \$25/50 <input type="checkbox"/> \$500/500	<input type="checkbox"/> \$50/100 <input type="checkbox"/> \$500/1,000	<input type="checkbox"/> \$100/300 <input type="checkbox"/> \$1,000/1,000	\$
<input type="checkbox"/> UNDERINSURED MOTORISTS BODILY INJURY	<input type="checkbox"/> \$15/30 <input type="checkbox"/> \$300/500	<input type="checkbox"/> \$25/50 <input type="checkbox"/> \$500/500	<input type="checkbox"/> \$50/100 <input type="checkbox"/> \$500/1,000	<input type="checkbox"/> \$100/300 <input type="checkbox"/> \$1,000/1,000	\$
<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"/> \$100,000	\$
<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"/> \$750	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000		\$
<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"/> \$15/30 <input type="checkbox"/> \$500/1,000	<input type="checkbox"/> \$25/50 <input type="checkbox"/> \$1,000/1,000	<input type="checkbox"/> \$50/100	<input type="checkbox"/> \$100/300 <input type="checkbox"/> \$300/500 <input type="checkbox"/> \$500/500	\$
<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 information contained in that credit report. We may use a third party in connection with the development of your insurance score.

1. I agree that the insurer may investigate and secure consumer reports, including motor vehicle records or credit report information as described above, for persons listed in the application. I further agree that the insurer may investigate and secure new consumer reports in evaluating this policy for each future renewal or replacement policy.
2. I declare that the information contained in this application is true to the best of my knowledge and belief. I understand that the insurer will rely on this information in determining my eligibility and premium.
3. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.
4. 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.
5. If I enroll in a Foremost payment plan to pay my premium on an installment basis, I understand and agree an installment fee will be added to each bill for both my current policy term and any future renewals or replacements of the policy. This fee will be \$2.00 if I select the 12-pay plan or \$4.00 for any other plan.

APPLICANT SIGNATURE  DATE TIME AM PM

REQUIRED AGENT 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.

AGENT SIGNATURE  DATE TIME AM PM

AGENT NAME (Print) AGENT 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"/> 10 PAY	<input type="checkbox"/> 12 PAY*	<input type="checkbox"/> _____	DOWN PAYMENT	BALANCE DUE
*12 pay option is available only with Automatic Electronic Funds Transfer (EFT).						\$	\$

UNINSURED AND UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION - ARIZONA

DO NOT SIGN UNTIL YOU READ

You have a legal right to purchase **both** Uninsured and Underinsured Motorist coverages with the proposed automobile liability policy. THESE COVERAGES PROTECT YOU, YOUR FAMILY AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.

Uninsured motorist insurance provides protection for bodily injuries caused by a negligent motorist who has no insurance. Underinsured motorist coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. For a more detailed explanation of these coverages, refer to your policy. This policy will provide Uninsured and Underinsured coverage in the same amount as the policy's Bodily Injury Liability Limit, unless you select a lower amount or no coverage, as stated in this notice.

You have a right to purchase both Uninsured Motorist Coverage, and Underinsured Motorist coverage in any amount from \$15,000/\$30,000 split limits up to your policy's liability limit, or you may reject the coverages entirely. Neither limit may exceed your liability coverage limits for Bodily Injury.

Your Bodily Injury limits on the policy are \$ _____ per person, \$ _____ per accident.

Options available for Uninsured and Underinsured Motorist coverages:

UNINSURED MOTORIST LIABILITY COVERAGE			
_____ I do not wish to purchase <u>Uninsured</u> Motorist Coverage.			
Initial			
_____ I select the following <u>Uninsured</u> Motorist Coverage limits:			
Initial	Limits	Maricopa County	Remainder of State
	<input type="checkbox"/> \$15/30	\$ 8	\$ 6
	<input type="checkbox"/> \$25/50	\$20	\$16
	<input type="checkbox"/> \$50/100	\$25	\$20
	<input type="checkbox"/> \$100/300	\$33	\$26
	<input type="checkbox"/> \$300/500	\$47	\$37
	<input type="checkbox"/> \$500/500	\$51	\$40
	<input type="checkbox"/> \$500/1,000	\$54	\$43
	<input type="checkbox"/> \$1,000/1,000	\$57	\$45
UNDERINSURED MOTORIST LIABILITY COVERAGE			
_____ I do not wish to purchase <u>Underinsured</u> Motorist Coverage.			
Initial			
_____ I select the following <u>Underinsured</u> Motorist Coverage limits:			
Initial	Limits	Maricopa County	Remainder of State
	<input type="checkbox"/> \$15/30	\$ 6	\$ 5
	<input type="checkbox"/> \$25/50	\$17	\$14
	<input type="checkbox"/> \$50/100	\$24	\$19
	<input type="checkbox"/> \$100/300	\$30	\$24
	<input type="checkbox"/> \$300/500	\$44	\$35
	<input type="checkbox"/> \$500/500	\$47	\$37
	<input type="checkbox"/> \$500/1,000	\$50	\$40
	<input type="checkbox"/> \$1,000/1,000	\$62	\$49

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability Limits. If I decide to 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 _____