

# ARIZONA TRAVEL TRAILER INSURANCE APPLICATION

AGENCY CODE		
AGENCY 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
DATE OF BIRTH	SOCIAL SECURITY NUMBER		HOME PHONE
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		

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

**VEHICLE INFORMATION**

**TYPE OF UNIT:**  
(Please Check)

 <input type="checkbox"/> TRAVEL TRAILER	 <input type="checkbox"/> TENT CAMPER	 <input type="checkbox"/> FIFTH WHEEL	 <input type="checkbox"/> TRUCK MOUNTED
 <input type="checkbox"/> ANIMAL TRAILER WITH LIVING QUARTERS	 <input type="checkbox"/> SPORTS UTILITY TRAILER WITH 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  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
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**LOSS HISTORY**

DATE	TYPE	AMOUNT	DESCRIPTION

**LOSS PAYEE OR LEASING COMPANY**

LEASE OR LOAN NUMBER	NAME OF LIENHOLDER	STREET ADDRESS	CITY	STATE	ZIP CODE
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**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)				\$
<b>THREE YEAR TENT CAMPER PROGRAM (Limited to campers with a recent purchase price or current market value of \$3,501 - \$12,000)</b>							
\$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.							
<b>TOTAL WRITTEN PREMIUM</b>							\$

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.**

1. 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.
2. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.
3. 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
<small>*12 pay option is available only with Automatic Electronic Funds Transfer (EFT).</small>	\$ _____	\$ _____