



TEXAS MOTOR HOME INSURANCE APPLICATION

AGENCY CODE		
AGENCY NAME		
STREET ADDRESS		
CITY	STATE	ZIP

REFERENCE OR POLICY NUMBER	EFFECTIVE DATE	TERM 12 MO	PHONE NUMBER	FAX NUMBER
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POLICY NAMED INSURED Must be the titled owner of the vehicle and at least 18 years old

FIRST NAME		MIDDLE	LAST NAME	
MAILING ADDRESS		STREET		
CITY	COUNTY		STATE	ZIP
SOCIAL SECURITY NUMBER	DATE OF BIRTH	HOME PHONE	OTHER PHONE	

ADDITIONAL TITLED OWNER RESIDING IN THE POLICY NAMED INSURED'S HOUSEHOLD

FIRST NAME		MIDDLE	LAST NAME	
DATE OF BIRTH		RELATIONSHIP TO INSURED		

OTHER OWNERS NOT IN HOUSEHOLD

FIRST NAME		MIDDLE	LAST NAME			
MAILING ADDRESS		STREET		CITY	STATE	ZIP
DATE OF BIRTH		RELATIONSHIP TO INSURED				

REGISTRATION NAME If different than POLICY NAMED INSURED

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OPERATORS List All Motor Home Operators

	NAME	DATE OF BIRTH	RELATIONSHIP TO NAMED INSURED	DRIVER'S LICENSE NUMBER	ISSUING STATE
1					
2					
3					

OPERATOR	SAFETY/ACCIDENT COURSE DATE (Submit Proof)	% OF USE	YEARS MOTOR HOME EXPERIENCE	IS A FINANCIAL RESPONSIBILITY FILING REQUIRED?
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No

Does any Operator belong to an RV Association or Group or Alliance? Operator # _____
 Which Organization? _____
 Membership# _____ (Agent: Verify and retain proof of membership.)
 Yes No Does any operator have a significant mental or physical impairment? Operator # _____

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?
 Yes No 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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
	<input type="checkbox"/> ACC <input type="checkbox"/> VIOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
	<input type="checkbox"/> ACC <input type="checkbox"/> VIOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		

OTHER LOSS HISTORY				
DATE	TYPE	AMOUNT	DESCRIPTION	

VEHICLE INFORMATION				
GARAGING	IS THE UNIT STORED INSIDE? <input type="checkbox"/> Yes <input type="checkbox"/> No	LOCATION TYPE:	<input type="checkbox"/> Residential <input type="checkbox"/> Business Property	<input type="checkbox"/> Rental Storage <input type="checkbox"/> Other
Complete address below if vehicle is garaged at a location other than the Policy Named Insured mailing address.				
STREET				
CITY	COUNTY	STATE	ZIP	
REGISTRATION ADDRESS IF DIFFERENT THAN GARAGING ADDRESS				
STREET				
CITY	STATE	ZIP		
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
USE: <input type="checkbox"/> Pleasure <input type="checkbox"/> Full-Timer <input type="checkbox"/> Other _____				UNREPAIRED DAMAGE <input type="checkbox"/> Yes <input type="checkbox"/> No
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.				
Is Your Vehicle Equipped with a Passive Anti-Theft Device? <input type="checkbox"/> Yes <input type="checkbox"/> No				
LOSS PAYEE				
LEASE OR LOAN NUMBER	NAME OF LOSS PAYEE	STREET ADDRESS	CITY	STATE ZIP
RATING QUESTIONS				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant have another, in-force personal lines policy or <i>qualified</i> * life policy with Foremost, Farmers, Zurich or Bristol West? *Refer to Program Guide for qualifications.			

MOTOR HOME COVERAGE SELECTION	Checked boxes indicate selected coverages.	Premium
<input type="checkbox"/> BODILY INJURY	<input type="checkbox"/> \$25/50 <input type="checkbox"/> \$50/100 <input type="checkbox"/> \$100/300 <input type="checkbox"/> \$250/500 <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"/> \$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"/> PERSONAL INJURY PROTECTION		\$
<p>Texas law requires that Personal Injury Protection Coverage be offered on every automobile liability policy issued in the state. The law gives you the right to reject this coverage in writing. Indicate your selection here:</p> <p><input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000</p> <p><input type="checkbox"/> I hereby reject Personal Injury Protection Coverage entirely.</p> <p>SIGNATURE OF APPLICANT OR NAMED INSURED _____ DATE _____</p>		
<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"/> OTHER THAN COLLISION ACV less deductible of:	<input type="checkbox"/> \$100 <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"/> \$100 <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"/> UNINSURED MOTORISTS COVERAGE		\$
<p>UNINSURED MOTORISTS COVERAGE - BODILY INJURY</p> <p>Texas law requires that Uninsured Motorists Coverage - Bodily Injury must be offered to you at limits equal to your Bodily Injury Liability limits. You have the option of selecting lower limits or you may reject this coverage. The limits you select may not exceed your Bodily Injury Liability limits. Indicate your selection here.</p> <p><input type="checkbox"/> \$25,000/50,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$500,000/500,000 <input type="checkbox"/> \$1,000,000/1,000,000</p> <p><input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$250,000/500,000 <input type="checkbox"/> \$500,000/1,000,000</p> <p><input type="checkbox"/> I reject Uninsured Motorists Coverage entirely.</p>		
<p>UNINSURED MOTORISTS COVERAGE - PROPERTY DAMAGE</p> <p>Uninsured Motorists Property Damage Coverage is available only if you have purchased Uninsured Motorists Coverage - Bodily Injury. It is subject to a deductible of \$250. You also have the option of rejecting this coverage. The limits you select may not exceed your Property Damage Liability limits. Indicate your selection here.</p> <p><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</p> <p><input type="checkbox"/> I reject Uninsured Motorists Coverage Property Damage.</p> <p>SIGNATURE OF APPLICANT OR NAMED INSURED _____ DATE _____</p>		
		Premium
<input type="checkbox"/> VACATION LIABILITY	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000	Per Accident \$
<input type="checkbox"/> TRAVELINE® TOWING/ROADSIDE ASSISTANCE	<input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> Reasonable Expense	Per Disablement \$
<input type="checkbox"/> EMERGENCY EXPENSE	<input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000	Per Loss \$
<input type="checkbox"/> SCHEDULED MEDICAL BENEFITS		Per Coverage Part \$
<input type="checkbox"/> PERSONAL PROPERTY ACV less deductible of \$ _____	AMOUNT: <input type="checkbox"/> \$1,000 <input type="checkbox"/> Additional Amount of \$ _____	\$
<input type="checkbox"/> REPLACEMENT COST PERSONAL PROPERTY less deductible of \$ _____	AMOUNT: <input type="checkbox"/> \$2,000 <input type="checkbox"/> Additional Amount \$ _____	\$
<p><input type="checkbox"/> TOTAL LOSS REPLACEMENT COST (Minimum Written Premium \$50)</p> <p>Is Insured the Original Owner of the Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did the Insured have Total Loss Replacement with the previous carrier? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Previous Carrier: _____</p>		
<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"/> \$1,000/1000	Limit equals BI/PD 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)	\$
<input type="checkbox"/> ADJACENT STRUCTURES	AMOUNT: <input type="checkbox"/> \$500 <input type="checkbox"/> Additional Amount of \$ _____	\$
<input type="checkbox"/> THEFT PREVENTION FUND		\$
POLICY PREMIUM	TOTAL	\$

REQUIRED SIGNATURE OF APPLICANT Applicant must sign and date this application

1. I agree that the company may investigate and secure motor vehicle records for the persons listed on the application.
2. I declare that all the statements contained in this application are true to the best of my knowledge and belief. The selections indicated above accurately reflect the limits, coverages and deductibles I desire.
3. I understand that the coverage provided, as specified by this application, with respect to a Motor Home I own does not provide Liability, Medical Payments or Coverage For Damage To Your Motor Home while the Motor Home is rented, leased or loaned for a charge to any organization or any person other than me.

SIGNATURE OF APPLICANT

REQUIRED AGENT INFORMATION Agent must sign this application and complete this section

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

SIGNATURE OF AGENT	DATE	COVERAGE BOUND? <input type="checkbox"/> Yes <input type="checkbox"/> No	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
NAME OF AGENT (Please Print)	AGENT LICENSE NO.		

PAYMENT PLANS COLLECT FULL PAYMENT OR DOWN PAYMENT BEFORE CALLING TO REQUEST COVERAGE
 FULL PAYMENT
 2 PAY
 4 PAY

A Service Fee will be included in each installment payment other than full-payment.

DOWN PAYMENT

\$

BALANCE DUE

\$

REMARKS