



# FLORIDA TRAVEL TRAILER INSURANCE APPLICATION

AGENCY CODE
AGENCY NAME
STREET ADDRESS
CITY <span style="float: right;">STATE <span style="float: right;">ZIP</span></span>

REFERENCE OR POLICY NUMBER	EFFECTIVE DATE	TERM YEARS	PHONE NUMBER	FAX NUMBER
----------------------------	----------------	---------------	--------------	------------

**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 <span style="float: right;">ZIP</span>	
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	COUNTY	STATE <span style="float: right;">ZIP</span>
DATE OF BIRTH	RELATIONSHIP TO INSURED	

**REGISTRATION NAME If different than POLICY NAMED INSURED**

Does any Owner belong to an RV Association or Group or Alliance? Which Organization? \_\_\_\_\_  
 Membership # \_\_\_\_\_ (Agent: Proof of current membership must be retained in your office.)

**LOSS HISTORY**

DATE	TYPE	AMOUNT	DESCRIPTION

**VEHICLE INFORMATION**

<b>GARAGING</b>	IS THE UNIT STORED INSIDE? <input type="checkbox"/> Yes <input type="checkbox"/> No	LOCATION TYPE: <input type="checkbox"/> Residential <input type="checkbox"/> Rental Storage <input type="checkbox"/> Business Property <input type="checkbox"/> Other	IN PARK? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--	---	--

Complete address below if vehicle is garaged at a location other than the Policy Named Insured mailing address.

STREET	CITY	COUNTY	STATE	ZIP
--------	------	--------	-------	-----

**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	LENGTH	MAKE	MODEL
------	--------	------	-------

VIN	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: 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.*

**LOSS PAYEE**

LEASE OR LOAN NUMBER	NAME OF LOSS PAYEE	STREET ADDRESS	CITY	STATE	ZIP
----------------------	--------------------	----------------	------	-------	-----

**RATING QUESTIONS**

Yes  No Does the applicant have another, in-force personal lines policy or *qualified*\* life policy with Foremost, Farmers, Zurich or Bristol West?  
 \*Refer to Program Guide for qualifications.

**COVERAGE SELECTION** Checked boxes indicate selected coverages. **Premium**

<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 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 \$ _____	\$
<input type="checkbox"/> REPLACEMENT COST PERSONAL PROPERTY less deductible of \$ _____ AMOUNT: <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"/> \$25,000 <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)	\$
FLORIDA HURRICANE CATASTROPHE FEE	\$

**3 YEAR CAMPING TRAILER PACKAGE** (Limited to camping trailers with Purchase Price/Market Value of \$3,501 or more but not greater than \$12,000)

\$250 Deductible - Other Than Collision and Collision Coverage (ACV)	\$500 Emergency Expense
\$1,000 Personal Property - ACV less deductible of \$250	\$500 Fire Department Service
\$10,000 Vacation Liability	

No Adjustments to Coverages when this package is chosen.

**POLICY PREMIUM** (Minimum Written Premium \$50) **TOTAL** \$

**REQUIRED SIGNATURE OF APPLICANT** Applicant must sign and date this application

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 deductible I desire.

SIGNATURE OF APPLICANT	DATE
------------------------	------

**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

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

**REMARKS**