



TEXAS TRAVEL TRAILER INSURANCE APPLICATION

AGENCY CODE		
AGENCY NAME		
STREET ADDRESS		
CITY	STATE	ZIP

REFERENCE OR POLICY NUMBER	EFFECTIVE DATE	TERM YEARS	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

Does any Owner belong to an RV Association or Group or Alliance? Which Organization? _____
 Membership # _____ (Agent: Verify and retain proof of membership.)

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"/> Rental Storage	IN PARK?
			<input type="checkbox"/> Business Property	<input type="checkbox"/> Other	<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
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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
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VIN	PURCHASE DATE	PURCHASE PRICE	CURRENT MARKET VALUE
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USE: <input type="checkbox"/> Pleasure <input type="checkbox"/> Full-Timer <input type="checkbox"/> Other _____ 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.	UNREPAIRED DAMAGE <input type="checkbox"/> Yes <input type="checkbox"/> No
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LOSS PAYEE

LEASE OR LOAN NUMBER	NAME OF LOSS PAYEE	STREET ADDRESS	CITY	STATE	ZIP
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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)	\$

3 YEAR TENT CAMPER PACKAGE (Limited to tent campers 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
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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"/> _____ <small>A Service Fee will be included in each installment payment other than full-payment.</small>	DOWN PAYMENT \$	BALANCE DUE \$
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REMARKS