



AMERICAN MODERN HOME INSURANCE COMPANY (077)
WASHINGTON
MOTOR HOME APPLICATION

Quote/Binder# _____

Policy Number _____

Renewal of Policy # _____

SUBPRODUCER CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	AGENCY CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SUBPRODUCER: ADDRESS: PHONE:	AGENCY NAME: ADDRESS: PHONE:

APPLICANT INFORMATION	LIENHOLDER INFORMATION
LAST FIRST MI ADDRESS CITY STATE ZIP WORK PHONE HOME PHONE () ()	NAME ADDRESS CITY STATE ZIP JOINT OWNER NAME ADDRESS CITY STATE ZIP

GARAGE LOCATION (if different than address above)	POLICY PERIOD: 12:01 AM STANDARD TIME
STREET CITY STATE ZIP	EFFECTIVE EXPIRATION

DRIVER INFORMATION					
DRIVER NUMBER	NAMES OF ALL POTENTIAL DRIVERS	BIRTH DATE MO DAY YR	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	STATE
1					
2					
3					
4					

DRIVER NUMBER	RELATION TO INSURED	MARITAL STATUS	SEX	% USE	OCCUPATION
1					
2					
3					
4					

DESCRIPTION OF MOTOR HOME				LENGTH (FT.)	NEW / USED	DATE PURCHASED	ANNUAL MILES	VALUE
YEAR	MAKE/MODEL/MODEL NUMBER	TYPE	IDENTIFICATION NUMBER					

1. Is the unit ever used in business? No Yes
2. Is the unit ever rented or loaned to others? No Yes
If yes, please explain _____
3. Is the unit owned by persons residing in separate households? No Yes
If yes, please explain _____
4. Has the principal operator owned and operated motor homes for less than 12 months? No Yes
5. Residence 6 months or more/year? No Yes
6. Has insurance been cancelled, declined or non-renewed during the past 5 years?? No Yes
If yes, please explain _____

LIST ALL TRAFFIC LAW CONVICTIONS, ALL ACCIDENTS (WHETHER OR NOT AT FAULT) AND ANY LOSS FOR ALL DRIVERS IN THE PAST 3 YEARS.					
DRIVER NUMBER	TYPE OF OCCURRENCE	OCCURRENCE DATE	EXPLANATION	\$ DAMAGE	INJURY?

DESCRIPTION OF TRAILER			
YEAR	MAKE/MODEL/MODEL NUMBER	VALUE	USE OF TRAILER

7. Is the unit ever used to commute to work or school? No Yes
8. Is the motor home a van conversion or non-professional conversion of a school or public transit bus, step van, pick up or delivery vehicle? No Yes
9. Is the unit a professional conversion? No Yes
10. Is the unit a freightliner-type tow vehicle used to tow anything other than a 5th wheel travel trailer? No Yes
11. Is there any broken glass or physical damage to the unit and/or miscellaneous trailer? No Yes
If yes, please explain _____
12. Is there any operator with a physical or mental impairment that would affect their ability to safely operate the unit? No Yes
If yes, please explain _____
13. Is the unit titled in a business name or corporation? No Yes
14. Does any operator require a Financial Responsibility Certificate (SR22)? No Yes
15. Has any operator had their driver's license suspended in the last 60 months? No Yes
16. Is the unit registered or garaged outside of the United States? No Yes
17. Is the unit held for sale or on consignment? No Yes
18. Have there been any collision, fire, liability, and/or theft loss(es) within the last 36 months OR a total loss to any vehicle? No Yes
If yes, please explain _____
19. Has any operator filed bankruptcy in the last 7 years? No Yes

Coverages: Value \$ _____

1. Other Than Collision	Deductible options	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> 1,000	<input type="checkbox"/> _____
2. Collision	Deductible options	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> 1,000	<input type="checkbox"/> _____
3. Bodily Injury	Limit Options	<input type="checkbox"/> 50/100	<input type="checkbox"/> 100/300	<input type="checkbox"/> 300/500	<input type="checkbox"/> _____
4. Property Damage	Limit Options	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000	<input type="checkbox"/> 300,000	<input type="checkbox"/> _____
5. Medical Payments	Limit Options	<input type="checkbox"/> 1,000	<input type="checkbox"/> 2,000	<input type="checkbox"/> 5,000	<input type="checkbox"/> _____
6. Personal Injury Protection (No deductible applies)	Limit Options	<input type="checkbox"/> 10,000	<input type="checkbox"/> 35,000		
7. Uninsured/Underinsured Motorists Bodily Injury	Limit Options	<input type="checkbox"/> 50/100	<input type="checkbox"/> 100/300	<input type="checkbox"/> 300/500	<input type="checkbox"/> _____
8. Uninsured Motorists Property Damage	Limit Options	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000	<input type="checkbox"/> 300,000	<input type="checkbox"/> _____
9. Towing and Labor		<input type="checkbox"/> 100	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> Reasonable
10. Personal Effects (ACV)		<input type="checkbox"/> _____		Amount \$ _____	
11. Replacement Cost Pers. Effects (Must equal PE ACV if selected)				Amount \$ _____	
12. Emergency Expense		<input type="checkbox"/> 500	<input type="checkbox"/> 750		
13. Mexico Coverage		<input type="checkbox"/> _____			
14. Settlement Options		<input type="checkbox"/> Actual Cash Value	<input type="checkbox"/> Replacement Cost	<input type="checkbox"/> Agreed Value	
15. Accidental Death & Dismemberment		<input type="checkbox"/> _____			
16. Trailer		<input type="checkbox"/> _____		Value \$ _____	
17. Diminishing Deductible	Deductible Options	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> 1,000	<input type="checkbox"/> _____
18. Full Timer		<input type="checkbox"/> 50/100	<input type="checkbox"/> 100/300	<input type="checkbox"/> 300/500	<input type="checkbox"/> _____
19. Vacation Liability		<input type="checkbox"/> 10,000	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000
20. Outstanding Principal Loan Balance		<input type="checkbox"/> _____			

21. **Subtotal (Coverages 8 through 20)**

22. **Total Premium**

DISCOUNTS							SURCHARGES											
Sum all Discounts and Surcharges. Apply Total Discounts/Surcharges % to coverage in Column 2 above.	Anti-Theft			Passive Restraint			Accidents & Violations										Total Discount/Surcharge %	
	<input type="checkbox"/> Alarm Only -5%	<input type="checkbox"/> Passive -20%	<input type="checkbox"/> Active -5%	<input type="checkbox"/> Driver Side Only -20%	<input type="checkbox"/> Driver & Passenger -30%	<input type="checkbox"/> Assoc. -5%	<input type="checkbox"/> Acc. Prev. Crse -10%	<input type="checkbox"/> Anti-Lock Brake -5%	<input type="checkbox"/> 3 Minor Viol. 20%	<input type="checkbox"/> 1 Acc. 50%	<input type="checkbox"/> 2 Acc. 150%	<input type="checkbox"/> Joint Owner 50%	<input type="checkbox"/> Bus. Use-Light 50%	<input type="checkbox"/> Pers. Rental. 100%	<input type="checkbox"/> Inexperienced Operator 10%	<input type="checkbox"/> Unit <21 ft. 35%		<input type="checkbox"/> Full Timer/Primary Res. 50%
Coverage:																		

BINDER		DIRECT BILL INFORMATION	
<input type="checkbox"/> COVERAGE IS BOUND	AGENT INITIAL _____	<input type="checkbox"/> FULL PAY (100% DOWN)	<input type="checkbox"/> 4 PAY (25% DOWN) AMOUNT INCLUDED
IS ATTACHED (AMOUNT TO BE NOT LESS THAN 25% OF ANNUAL PREMIUM OR \$50, WHICHEVER IS MORE.) _____		<input type="checkbox"/> CREDIT CARD (Attach Supplemental Form)	\$ _____
		<input type="checkbox"/> EZPay (Attach Supplemental Form)	

INSURANCE FRAUD NOTIFICATION - Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Notice to Applicant: We may make an investigation into your insurability, including securing a motor vehicle report for all persons listed on this application and, if applicable, information as to character, reputation, mode of living and credit history. Information may be obtained through personal interviews with friends, neighbors or others with whom you are acquainted. If an investigation is made it will be handled in the strictest confidence. Information as to the nature and scope of any investigation will be provided to you if you make a written request.

Insured's Statement: I declare that all of the statements contained in this application are true and complete. I hereby apply to the Company for an insurance policy as set forth in this application based on these statements. I understand that if any information is false or misleading or would materially affect acceptance of the risk by the Company, the policy will be null and void and claims denied. I understand that the policy will be void from inception if I pay my initial premium by check, and the check is not honored when presented for payment. A service charge of \$10.00 will be assessed if any check offered in payment is not honored by the bank.

I understand that the coverage as specified in this application will not apply to a motor home I own while the motor home is used in business or rented, leased or loaned for a charge to any organization, or any person other than me, unless Business Use coverage or Personal Rental coverage is indicated on the Declarations and an additional premium is paid.

BINDER PROVISIONS: If coverage is bound, the insurance afforded by this binder is subject to all provisions of the policy form as used in the state where the risk is located. This binder expires at 12:01 am on the 31st day after the effective date or (1) immediately on notification of cancellation by the named insured or the Company, or (2) on its effective date if replaced by a policy with the same effective date as the binder. If this binder is not replaced by a policy, the appropriate premium will be charged, but not less than \$50.00. See agency contract for special binding authority.

Signature of Applicant _____	_____	_____
	Date	Time
Signature of Agent _____	_____	_____
	Date	Time



**WASHINGTON
PERSONAL INJURY PROTECTION
COVERAGE ELECTION OR REJECTION**

Washington statutes require that your policy include Personal Injury Protection Coverage unless you reject the coverage in writing. Your policy will be issued with Personal Injury Protection at Basic limits unless you elect the increased limits or reject the coverage.

Basic Limits

- \$10,000 Medical Expenses
- \$ 2,000 Funeral Expenses
- \$10,000 Income Continuation Benefits (\$200 per week)
- \$ 5,000 Loss of Services (\$40 per day maximum of \$200 per week)

Increased Limits

- \$35,000 Medical Expenses
- \$ 2,000 Funeral Expenses
- \$35,000 Income Continuation Benefits (\$700 per week)
- \$ 40 Loss of Services per day

INSURED'S SIGNATURE

I have read this statement, and acknowledge that Personal Injury Protection Coverage has been offered to me at Basic or Increased limits.

I hereby:

_____ **ELECT** to purchase Personal Injury Protection Coverage at limits of:

- _____ Basic Limits
- _____ Increased Limits

_____ **REJECT** Personal Injury Protection Coverage **ENTIRELY**.

(Signature of Named Insured)

(Date)

(Signature of Spouse)

(Date)

(Signature of Joint Owner)

(Date)



REJECTION OF UNDERINSURED MOTORISTS COVERAGE OR SELECTION OF LOWER LIMIT OF LIABILITY

(WASHINGTON)

The Washington Code (Section 48.22.030), amended, permits you, the insured named in the policy, to reject the Underinsured Motorists Coverage in its entirety, to reject the property damage only portion of the Underinsured Motorists Coverage or to select a limit of liability lower than the limit for Liability Coverage in the policy. You may select a lower limit for property damage only if Underinsured Motorists Coverage is provided on a split limit basis.

Underinsured Motorists Coverage provides insurance for the protection of persons insured under the policy who are legally entitled to recover damages from the owners or operators of underinsured motor vehicles because of bodily injury, death or property damage where either no bodily injury or property damage liability bond or insurance policy applies at the time of the accident, or where the sum of the limits of liability under all bodily injury or property damage liability bonds and insurance policies applicable to a covered person after an accident is less than the amount which the covered person is legally entitled to recover as damages.

In accordance with the Washington Code (Section 48.22.030), amended, the undersigned insured (and each of them)—

(Applicable item marked)

- agrees that the Underinsured Motorists Coverage afforded in the policy is hereby deleted.
- agrees that the property damage only portion of the Underinsured Motorists Coverage afforded in the policy is hereby deleted.
- agrees that the following lower limit of liability applies with respect to the Underinsured Motorists Coverage afforded in the policy.

(Enter if single limit of liability applies.)

\$ _____ each accident

(Enter if separate limits of liability apply to Bodily Injury and Property Damage or if lower limit(s) of liability apply to Bodily Injury or Property Damage only.)

\$	each person	Bodily Injury
\$	each accident	Bodily Injury
\$	each accident	Property Damage

SIGNATURE OF INSURED

DATE

SIGNATURE OF INSURED

DATE

This endorsement must be attached to the Change Endorsement when issued after the policy is written.

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Policy Number: _____

DRIVER EXCLUSION ENDORSEMENT - WASHINGTON

I, as named insured, agree to exclude as insured the person named below when operating a motor vehicle and further agree to exclude coverage to myself for any negligence which may be imputed by law to me arising out of the maintenance, operation or use of a motor vehicle by the excluded person. I understand that such coverages provided by this policy include, but are not limited to: Bodily Injury Liability, Property Damage Liability, Medical Payments, and Physical Damage. This endorsement does not apply to exclude any Underinsured Motorists Coverage, if I have elected to purchase such coverages.

NAME OF EXCLUDED DRIVER

RELATIONSHIP TO NAMED INSURED

All other terms and conditions of this policy remain unchanged.

The Named Insured accepts this endorsement and confirms acceptance as witness his/her signature.

Signature/Acceptance of Named Insured

Date