



**Coverages:**

Value \$ \_\_\_\_\_

1. Other Than Collision	Deductible Options	<input type="checkbox"/> 100	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> 1,000	<input type="checkbox"/> _____
2. Collision	Deductible Options	<input type="checkbox"/> 100	<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"/> 25,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000	<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. Uninsured/Underinsured Motorists Bodily Injury	Limit Options	<input type="checkbox"/> 50/100	<input type="checkbox"/> 100/300	<input type="checkbox"/> _____		
7. Uninsured Motorists Property Damage		<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> _____		
8. Towing and Labor		<input type="checkbox"/> 100	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> Reasonable	
9. Personal Effects (ACV)		<input type="checkbox"/> _____			Amount \$ _____	
10. Replacement Cost Pers. Effects (Must equal PE ACV if selected)					Amount \$ _____	
11. Emergency Expense		<input type="checkbox"/> 500	<input type="checkbox"/> 750			
12. Mexico Coverage		<input type="checkbox"/> _____				
13. Settlement Options		<input type="checkbox"/> Actual Cash Value	<input type="checkbox"/> Replacement Cost	<input type="checkbox"/> Agreed Value		
14. Accidental Death & Dismemberment		<input type="checkbox"/> _____				
15. Trailer		<input type="checkbox"/> _____			Amount \$ _____	
16. Diminishing Deductible	Deductible Options	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> 1,000	<input type="checkbox"/> _____	
17. Full Timer		<input type="checkbox"/> 50/100	<input type="checkbox"/> 100/300	<input type="checkbox"/> 300/500	<input type="checkbox"/> _____	
18. Vacation Liability		<input type="checkbox"/> 10,000	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000	
19. Outstanding Principal Loan Balance		<input type="checkbox"/> _____				

20. Subtotal (Coverages 9 through 19)

21. Total Premium

**DISCOUNTS**

**SURCHARGES**

Sum all Discounts and Surcharges. Apply Total Discounts/ Surcharges % to coverage in Column 2 above. Coverage:	Anti-Theft				Passive Restraint		Accident Prevention Course			Accidents & Violations			Business Use Light Rental			Personal Rental		Inexperienced Operator		Unit <21 ft.	Full Timer / Primary Residence	Youthful Operator	Total Discount/ Surcharge %
	<input type="checkbox"/> Alarm Only	<input type="checkbox"/> Passive	<input type="checkbox"/> Active	<input type="checkbox"/> Vin	<input type="checkbox"/> Driver Side Only	<input type="checkbox"/> Driver & Passenger	<input type="checkbox"/> Accident Prevention Course	<input type="checkbox"/> Anti-Lock Brakes	<input type="checkbox"/> Assoc.	<input type="checkbox"/> Minor 3 Viol.	<input type="checkbox"/> 1 or more Acc.	<input type="checkbox"/> Joint Owner	<input type="checkbox"/> Business Use Light Rental	<input type="checkbox"/> Personal Rental	<input type="checkbox"/> Inexperienced Operator	<input type="checkbox"/> Unit <21 ft.	<input type="checkbox"/> Full Timer / Primary Residence	<input type="checkbox"/> Youthful Operator	<input type="checkbox"/> Total Discount/ Surcharge %				
	-5%	-15%	-5%	-5%	-20%	-30%	-5%	-5%	-5%	20%	50%	50%	100%	10%	35%	50%	65%	%					

**BINDER**

**DIRECT BILL INFORMATION**

COVERAGE IS BOUND AGENT INITIAL \_\_\_\_\_

FULL PAY (100% DOWN)  4 PAY (25% DOWN) AMOUNT INCLUDED \_\_\_\_\_

IS ATTACHED (AMOUNT TO BE NOT LESS THAN 25% OF ANNUAL PREMIUM OR \$50, WHICHEVER IS MORE.)

CREDIT CARD (Attach Supplemental Form) \$ \_\_\_\_\_

EZPay (Attach Supplemental Form)

**INSURANCE FRAUD NOTIFICATION** - You are or may be violating state law or committing a crime knowingly to provide false, incomplete or misleading material information to an insurance company for the purpose or intent of defrauding the company. Penalties may include imprisonment, fines, denial of insurance benefits, and may subject you to civil damages.

**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 travel trailer I own while the travel trailer 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



Policy No.: \_\_\_\_\_

## REJECTION OF UNINSURED AND UNDERINSURED MOTORISTS COVERAGE OR SELECTION OF LIMIT OF LIABILITY (Alaska)

Alaska Statutes (Sections 21.89.020 and 28.20.445) permit you, the insured named in the policy, to reject Uninsured (UM) and Underinsured Motorists (UIM) Coverage in its entirety or to reject only the Property Damage portion of the Coverage. Alternatively you can select Property Damage only and reject Bodily Injury. If the Bodily Injury portion of the Uninsured and Underinsured Motorists Coverage is not rejected, you may select a limit for Bodily Injury lower than the limit for Bodily Injury Liability Coverage provided in your policy but not lower than the basic financial responsibility limit of \$50,000 per person/\$100,000 per accident. If the Property Damage portion of the Uninsured and Underinsured Motorists Coverage is not rejected, you may select a limit higher than the basic financial responsibility limit of \$25,000.

Uninsured and Underinsured Motorists Coverage provides insurance for the protection of the persons insured under the policy who are legally entitled to recover damages from owners or operators of uninsured or underinsured motor vehicles because of bodily injury or death, or for damage to or destruction of the covered motor vehicle, or both.

In accordance with Alaska Statutes (Section 21.89.020 and 28.20.445), the undersigned insured (and each of them) agrees to the following option: (Applicable option marked X)

- 1. UM/UIM coverage, Bodily Injury and Property Damage, that is equal to the applicant's voluntarily purchased liability limits.
- 2. UM/UIM coverage, Bodily Injury and Property Damage, that is greater than the applicant's voluntarily purchased liability limits with specific limit options up to five hundred thousand/five hundred thousand.
- 3. UM/UIM coverage that is less than the applicant's voluntarily purchased liability limits. The lowest amount that is allowed to be purchased by Alaska law is \$50,000 per person/\$100,000 per accident for Bodily Injury and \$25,000 per accident Property Damage with a \$250 deductible.
- 4. UM/UIM Bodily Injury coverage is rejected and Property Damage accepted.
- 5. UM/UIM Property Damage coverage is rejected and Bodily Injury accepted at:
  - the same limit as the limit for Bodily Injury Coverage provided in your policy.
  - a higher limit than the limit for Bodily Injury Coverage provided in your policy.
  - a lower limit than the limit for Bodily Injury Coverage provided in your policy.
- 6. Both UM/UIM Bodily Injury coverage and UM/UIM Property Damage coverage are rejected in their entirety.

### COVERAGES

(Enter if a single limit of liability applies.)

\$ \_\_\_\_\_ each accident

(Enter if separate limits of liability apply to Bodily Injury and, if not rejected, Property Damage or if separate limits of liability apply to Bodily Injury only.)

\$ \_\_\_\_\_ each person }  
\$ \_\_\_\_\_ each accident } Bodily Injury

\$ \_\_\_\_\_ each accident Property Damage

\*Chart of available limits of Uninsured/Underinsured Motorists Coverage on back of form.

Premium Adjustment (if any)

\$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Signature of Insured

Date \_\_\_\_\_

Policy Number \_\_\_\_\_

## Available Limits of Uninsured and Underinsured Motorists Coverage:

### Bodily Injury Coverage Limits

Coverage equal to voluntarily purchased liability limits.

Liability Limits are: \$

\$50,000/\$100,000

(Basic Financial Responsibility Limit)

\$100,000/\$300,000

\$300,000/\$500,000

\$500,000/\$500,000

\$50,000/\$100,000

\$100,000/\$300,000

\$300,000/\$500,000

\$500,000/\$500,000

\$0 / coverage rejected

\$0 / coverage rejected

**and**

**and**

**and**

**and**

**and**

**and**

**and**

**and**

**and**

**and**

**and**

### Property Damage Limits

Coverage equal to voluntarily purchased liability limits.

Liability Limits are: \$

\$25,000

(Basic Financial Responsibility Limit)

\$25,000

\$25,000

\$25,000

\$0 / coverage rejected

\$0 / coverage rejected

\$0 / coverage rejected

\$0 / coverage rejected

\$25,000

\$0 / coverage rejected



Policy Number: \_\_\_\_\_

## DRIVER EXCLUSION ENDORSEMENT - ALASKA

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In consideration of the continuation of this policy at the premium charged, it is agreed that all at the following coverages:

- |  |                                   |
|--|-----------------------------------|
| Bodily Injury Liability,                   | Full Timer;                       |
| Property Damage Liability,                 | Vacation Liability;               |
| Medical Payments,                          | Towing & Labor;                   |
| Uninsured/Underinsured Motorists Coverage, | Emergency Expense;                |
| Physical Damage,                           | Accidental Death & Dismemberment; |
| Personal Effects,                          | Mexico Coverage; and              |
|  | Outstanding Balance;              |

are not afforded by this policy while any vehicle described in the policy, or any other vehicle to which the terms of this policy are extended, is being used, driven, operated, manipulated by, or under the care, custody or control, with or without permission, by the person named below:

NAME OF EXCLUDED DRIVER	AGE	RELATIONSHIP TO INSURED
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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