



WASHINGTON TRAVEL TRAILER APPLICATION

Company #

Policy #

Subproducer Code, Agency Code, Subproducer Name, Agency Name, Address, Phone

Applicant Information, Lienholder Information, Joint Owner

Garage Location, Policy Period

DRIVER INFORMATION

Table with columns: Driver Number, Names of All Potential Drivers, Birth Date, Social Security Number, Driver's License Number, State

Table with columns: Driver Number, Relation to Insured, Marital Status, Sex, Occupation

LIST ALL TRAFFIC LAW CONVICTIONS AND ALL ACCIDENTS (WHETHER OR NOT AT FAULT) FOR ALL DRIVERS DURING PAST 3 YEARS.

Table with columns: Driver Number, Type of Occurrence, Occurrence Date, Explanation, At-Fault, \$ Damage, Injury?

Table with columns: Description of Travel Trailer, Type, Identification Number, Unit Length, New/Used, Value, Purchase Type, Purchase Date

- 1. Is the unit ever used in a business? If yes, please explain...
2. Is the unit ever rented or loaned to others? If yes, please explain...
3. Is the unit owned by persons residing in separate households? If yes, please explain...
4. Has the principle operator owned and operated travel trailers for less than 12 months?
5. Residence 6 months or more?
6. Has Insurance been cancelled, non-renewed or declined in the last 5 years? If yes, please explain...
7. Is the unit ever used for hauling animals?
8. Is there any broken glass or physical damage to the unit? If yes, please explain...
9. Is there any operator with a physical or mental impairment that would affect their ability to safely operate the unit? If yes, please explain...
10. Is this unit titled in the name of a business or corporation? If yes, please explain...
11. Does any operator require a Financial Responsibility Certificate(SR22)?
12. Has any driver had their driver's license suspended in the last 60 months?
13. Is the unit registered or garaged outside of the United States?
14. Is the unit held for sale or on consignment?
15. Have there been any collision, fire, liability, and/or theft loss(es) in the last 36 months OR a total loss to any vehicle? If yes, please explain...
16. Has any driver declared bankruptcy in the last 7 years?

Coverages:

Value \$ _____

- 1. Other Than Collision Deductible options 100 250 500 _____
- 2. Collision Deductible options 100 250 500 _____
- 3. Towing and Labor 100 250 500 Reasonable
- 4. Personal Effects (ACV) Amount \$ _____
- 5. Replacement Cost Pers. Effects (Must equal PE ACV if selected) Amount \$ _____
- 6. Emergency Expense 500 750
- 7. Mexico Coverage
- 8. Settlement Options Actual Cash Value Replacement Cost Agreed Value
- 9. Accidental Death & Dismemberment
- 10. Full Timer 25/50/10 50/100/25 100/300/50 _____
- 11. Diminishing Deductible Deductible Options 100 250 500 _____
- 12. Vacation Liability 10,000 25,000 50,000 100,000
- 13. Outstanding Principal Loan Balance
- 14. **Subtotal (Coverages 3 through 13)**

15. Total Premium

DISCOUNTS

SURCHARGES

Sum all Discounts and Surcharges. Apply Total Discounts/Surcharges % to coverage in Column 2 above.	Anti-Theft (Choose Only One)		Accidents & Violations						Surcharges				Total Discount/Surcharge %
	Alarm Only -5%	VIN -5%	Assoc. Discount -5%	3 Minor Viol. 20%	1 Acc. 50%	2 Acc. 150%	Joint Owner 50%	Business Use Light 50%	Personal Rental 100%	Operator <26 65%	Inexperienced Operator 10%	Full Timer / Primary Residence 50%	
Coverage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Number: _____

DRIVER EXCLUSION ENDORSEMENT

In consideration of the continuation of this policy at the premium charged, it is agreed that all coverages, including, but not limited to Physical Damage, 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