



ALASKA HOLIDAY TRAVELER TRAVEL TRAILER APPLICATION

<b>SUBPRODUCER CODE</b> [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	<b>AGENCY CODE</b> [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
SUBPRODUCER: ADDRESS: PHONE:	AGENCY NAME: ADDRESS: PHONE:

<b>APPLICANT INFORMATION</b>	<b>LIENHOLDER INFORMATION</b>
LAST FIRST MI ADDRESS COUNTY CITY STATE ZIP WORK PHONE HOME PHONE ( ) ( )	NAME ADDRESS CITY STATE ZIP <b>JOINT OWNER</b> NAME ADDRESS CITY STATE ZIP

<b>GARAGE LOCATION (if different than address above) (P.O. Box Not Acceptable)</b>	<b>POLICY PERIOD: 12:01 AM STANDARD TIME</b>
STREET COUNTY 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	OCCUPATION	LICENSE CANCELED, REVOKED OR SUSPENDED?	FINANCIAL RESPONSIBILITY FILING
1						
2						
3						
4						

Has insurance been cancelled, declined or non-renewed during the past 3 years?  No  Yes  
 If yes, please explain \_\_\_\_\_

Are there any other potential users of the travel trailer not listed above? If yes, list in "Driver Information".  No  Yes

Has the principal operator owned and operated a travel trailer for less than 12 months?  No  Yes

Name of carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Is the insured a member of a Recreational Vehicle Association or Club?  No  Yes  
 Name of Organization \_\_\_\_\_ (membership card required)

LIST ALL TRAFFIC LAW CONVICTIONS, ACCIDENTS AND LOSSES (INCLUDING WEATHER) FOR ALL DRIVERS DURING PAST 3 YEARS.						
DRIVER NUMBER	TYPE OF OCCURRENCE	OCCURRENCE DATE	EXPLANATION	AT-FAULT	\$ DAMAGE	INJURY?

DESCRIPTION OF TRAVEL TRAILER					
YEAR	MAKE/MODEL/MODEL NUMBER	TYPE+	IDENTIFICATION NUMBER	LENGTH	VALUE

+TYPE = Conventional (D) Pop-Up (E) Fifth Wheel (F) Truck Mounted (G)

\*Is the travel trailer ever rented or loaned to others?  No  Yes\*

Is the travel trailer used as a residence six months or more per year?  No  Yes

\*Is the travel trailer ever used in connection with any operator's business, profession or trade?  No  Yes\*  
 If yes, please describe in detail. \_\_\_\_\_

\*Is there more than one owner?  No  Yes\*

\*Is there any broken glass on or physical damage to the travel trailer?  No  Yes\*

**\*If any questions are answered "Yes", risk cannot be bound.**

Is this unit equipped with anti-theft device(s)? (If yes, provide documentation)  No  Yes

**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  50/100/25  100/300/50  \_\_\_\_\_

11. Diminishing 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							Total Discount/Surcharge %
	<input type="checkbox"/> Alarm Only -5%	<input type="checkbox"/> VIN -5%	<input type="checkbox"/> Association -5%	<input type="checkbox"/> 3 Minor Violations 20%	<input type="checkbox"/> 1 or More Accidents 50%	<input type="checkbox"/> Joint Owner 50%	<input type="checkbox"/> Business Use Light 50%	<input type="checkbox"/> Personal Rental 100%	<input type="checkbox"/> Youthful Operator (Under 25) 65%	<input type="checkbox"/> Full Timer/Primary Residence 50%	
Coverage:											

**BINDER**

**DIRECT BILL INFORMATION**

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

FULL PAY (100% DOWN)  4 PAY (25% DOWN) AMOUNT INCLUDED  
 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.

**Applicant'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 (1) effective upon notification of cancellation by you 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 is not less than \$50.00.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time



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

## DRIVER EXCLUSION ENDORSEMENT - ALASKA

---

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

- Full Timer
- Vacation Liability
- Towing & Labor
- Emergency Expense
- Physical Damage
- Accidental Death & Dismemberment
- Mexico Coverage
- Outstanding Balance
- Personal Effects

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:

<b>NAME OF EXCLUDED DRIVER</b>	<b>AGE</b>	<b>RELATIONSHIP TO INSURED</b>
--------------------------------	------------	--------------------------------

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