

NAMED INSURED	
Name	_____
Address	_____
City	_____ State _____ Zip _____
County	_____ Phone No. ( ) _____
Occupation	_____
Social Security #	_____
Garaging Address	_____

POLICY TERM – Annual Only	
SEE BINDING RULE IN MANUAL	<input type="checkbox"/> AM
From _____ To _____ Time _____	<input type="checkbox"/> PM
LAY-UP PERIOD: From _____ To _____	
LIENHOLDER	
Name	_____ Loan Balance: \$ _____
Address	_____
City	_____ State _____ Zip _____

DRIVERS – List All									
DR #	Name (as shown on license)	Relation to Applicant	Date of Birth	% of Use	Mar Sngl	Div Sep	Occupation Military Grade	Driver's License Number	State
1									
2									
3									
4									

DRIVING VIOLATIONS, INFRACTIONS, AND AT-FAULT ACCIDENTS – Past 35 months						
DR #	Date	Violation / Accident	Date	Violation / Accident	Date	Violation / Accident
1						
2						
3						
4						

DESCRIPTION OF MOTOR HOME – Complete MA351-0801 if Rental/Commercial Unit								
Year	Make & Model	Vehicle Identification #	Length	Current Mkt. Value	Date Purchased	Purchase Price	Annual Mileage	

PREFERRED 45 PROGRAM		Basic Premium
<input type="checkbox"/> <b>COMBINATION PACKAGE</b>	BI/PD & UM/UIIM BI/PD 100/300/50 Medical Payments \$5,000 Collision/Other than Collision \$ _____ Ded Vacation Liability \$10,000 Emergency Expense \$500 Towing & Labor \$300 Personal Effects \$1,000	
<input type="checkbox"/> <b>LIABILITY ONLY PACKAGE</b>	BI/PD & UM/UIIM BI/PD 100/300/50 Medical Payments \$5,000	
<input type="checkbox"/> <b>OPTIONAL LIMITS</b>	<input type="checkbox"/> 100/300/100 <input type="checkbox"/> 250/500/100	
<input type="checkbox"/> <b>MEDICAL PAYMENTS</b>	<input type="checkbox"/> \$2,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Rejected	
<input type="checkbox"/> <b>UNINSURED/UNDERINSURED MOTORIST</b>	<b>BI Liability</b> <input type="checkbox"/> 250/500 <input type="checkbox"/> Rejected* <b>PD Liability</b> <input type="checkbox"/> \$100 <input type="checkbox"/> Rejected* <input type="checkbox"/> Other – Contact GA for Options * Rejection must be signed if coverage not selected	
<input type="checkbox"/> <b>OTHER COVERAGES (Combo Package Only)</b>	<input type="checkbox"/> Additional Personal Effects ACV \$ _____ <input type="checkbox"/> Vendor's Single Interest	
<b>SUBTOTAL</b>		\$
<b>SURCHARGE(S)</b> Increase Subtotal by Surcharge Amount	<input type="checkbox"/> Unit 16-22 feet in length -15% <input type="checkbox"/> Inexperienced-5%	x %
<b>SUBTOTAL</b>		\$
<b>DISCOUNTS</b> Decrease Subtotal by Discount Amount	<input type="checkbox"/> Lay-Up Plan 3 Months (.85) <input type="checkbox"/> Lay-Up Plan 5 Months (.75)	x %
<b>POLICY FEE</b>		\$ 20
<b>GRAND TOTAL</b>		\$

STANDARD PROGRAM		Basic Premium
<input type="checkbox"/> <b>COMBINATION PACKAGE</b>	BI/PD & UM/UIIM BI/PD 50/100/25 Medical Payments \$5,000 Collision/Other than Collision \$ 250 Ded	
<input type="checkbox"/> <b>LIABILITY ONLY PACKAGE</b>	BI/PD & UM/UIIM BI/PD 50/100/25 Medical Payments \$5,000	
<input type="checkbox"/> <b>OPTIONAL LIMITS</b>	<input type="checkbox"/> 100/300/50 <input type="checkbox"/> 100/300/100 <input type="checkbox"/> Other – Contact GA for Options	
<input type="checkbox"/> <b>MEDICAL PAYMENTS</b>	<input type="checkbox"/> \$2,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Rejected	
<input type="checkbox"/> <b>UNINSURED/UNDERINSURED MOTORIST</b>	<b>BI Liability</b> <input type="checkbox"/> 100/300 <input type="checkbox"/> Rejected* <b>PD Liability</b> <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> Other – Contact GA for Options <input type="checkbox"/> Rejected* * Rejection must be signed if coverage not selected	
<input type="checkbox"/> <b>PHYSICAL DAMAGE DEDUCTIBLE</b>	<input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500* <input type="checkbox"/> \$5,000*	
<input type="checkbox"/> <b>OTHER COVERAGES (Combo Package Only)</b>	<input type="checkbox"/> Personal Effects ACV \$ _____ <input type="checkbox"/> \$300 Towing & Labor <input type="checkbox"/> Vendor's Single Interest <input type="checkbox"/> \$500 Emergency Exp <input type="checkbox"/> \$10,000 Vacation Liability	
<b>SUBTOTAL</b>		\$
<b>SURCHARGE(S)</b> Increase Subtotal by Surcharge Amount	Multiple Ownership 75% Title in Corp. Name 10% Unit over 15 yrs. old 15% Unit 16-22 ft. in length 15% Driving Experience _____%	x %
<b>SUBTOTAL</b>		\$
<b>DISCOUNTS</b> Decrease Subtotal by Discount Amount	<input type="checkbox"/> Lay-Up Plan 3 Months (.85) <input type="checkbox"/> Lay-Up Plan 5 Months (.75)	x %
<b>POLICY FEE</b>		\$ 20
<b>GRAND TOTAL</b>		\$

BILLING INSTRUCTIONS	
<input type="checkbox"/> Agency Bill	<input type="checkbox"/> Direct Bill
<input type="checkbox"/> Renewal Direct Bill	<input type="checkbox"/> Full Pay
	<input type="checkbox"/> 3 Pay – 40% down + \$5 installment fee

**PREVIOUS MOTOR HOME DRIVING EXPERIENCE – Description of Units Owned (Must complete to qualify for experienced rate)**

Unit	Year	Make & Model	Length	Value	Dates of Ownership

  

Previous Insurance Carrier	Policy No.	Policy Dates
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**UNDERWRITING QUESTIONS**

**Complete the following for ALL programs.**

	Yes	No
1. Has the principal operator owned a motor home for 12 months or more?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have there been any losses with previous motor homes?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are family members or friends allowed to borrow the motor home? <b>If yes, explain below who and how often?</b>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the motor home the only vehicle in the household?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the motor home used as a primary residence?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the insured own a home?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the principal operator need a Financial Responsibility certificate?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the motor home have Factory/Dealer built-in sleeping and cooking facilities?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the motor home used in connection with any operator's business or occupation?	<input type="checkbox"/>	<input type="checkbox"/>
10. Will there be any public liability exposure? <b>If yes, explain below.</b>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the motor home used strictly for vacation/recreational purposes? <b>If no, explain below.</b>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does any operator have a significant mental or physical impairment? <b>If yes, explain below.</b>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is the motor home for sale?	<input type="checkbox"/>	<input type="checkbox"/>

**RENTAL OR COMMERCIAL PROGRAM - DO NOT BIND**

<input type="checkbox"/> <b>LIABILITY OPTIONS</b>	BI/PD Liability	Basic Premium
<input type="checkbox"/> 50/100/25 <input type="checkbox"/> 100/300/50 <input type="checkbox"/> 100/300/100 <input type="checkbox"/> 250/500/100 Contact GA for higher limits		
<input type="checkbox"/> <b>MEDICAL PAYMENTS</b>		
<input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Rejected		
<input type="checkbox"/> <b>UNINSURED/UNDERINSURED MOTORIST</b>		
<b>BI Liability</b> <input type="checkbox"/> 50/100 <input type="checkbox"/> Other-Contact GA <input type="checkbox"/> 100/300    for options <input type="checkbox"/> 100 <input type="checkbox"/> 250/500 <input type="checkbox"/> Rejected* <input type="checkbox"/> Rejected*	<b>PD Liability</b> <input type="checkbox"/> 25 <input type="checkbox"/> 50	
* Rejection must be signed if coverage not selected		
<input type="checkbox"/> <b>PHYSICAL DAMAGE DEDUCTIBLE</b>		
<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500* <input type="checkbox"/> \$5,000*    *See U/W Guide-Binding		
<input type="checkbox"/> <b>OTHER COVERAGES</b>		
<b>(Personal with Occasional Rental Only)</b>		
<input type="checkbox"/> Personal Effects ACV \$ _____ (\$1,000 Max.) <input type="checkbox"/> Vendor's Single Interest <input type="checkbox"/> Rental Emergency Services \$500		
<b>SUBTOTAL</b>		\$
<b>SURCHARGE(S)</b> Increase Subtotal by Surcharge Amount		
<input type="checkbox"/> Driving Experience _____% <input type="checkbox"/> Unit over 15 years old 15% <input type="checkbox"/> Personal with occasional rental 50% <input type="checkbox"/> *Commercial rental 90% <input type="checkbox"/> *Commercial use 100%		
*Complete Supplemental Motor Home Application, MA351-0801		
<b>POLICY FEE</b>		\$ 20
<b>GRAND TOTAL</b>		\$
<b>Minimum Written and Retained Premium: \$500 per Policy Commercial/Rental</b>		

**UNDERWRITING EXPLANATIONS – Include question # from above as reference**

**SIGNATURES**

**UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGES** have been explained to me and I select the following option(s):

I do not want Uninsured/Underinsured Motorists Bodily Injury and Property Damage coverage on my policy and therefore reject these coverages entirely.

I have reviewed my options and elect to purchase Uninsured/Underinsured Motorists Bodily Injury Coverage at the limits designated on the reverse, but not less than the minimum limits required by law.

I have reviewed my options and do not want to purchase Underinsured Motorists Property Damage coverage with the Underinsured Motorists Bodily Injury coverage.

\_\_\_\_\_  
**Applicant's Signature and Date**

**MOTOR VEHICLE DRIVING RECORD RELEASE: I, DO HEREBY AUTHORIZE** the Department of Public Safety, Division of Motor Vehicles, to release my driving record and the driving records of all authorized operators to Markel American Insurance Company, Glen Allen, Virginia.

\_\_\_\_\_  
**Applicant's Signature and Date**

**I DECLARE** that all of the statements contained in this application are true to the best of my knowledge and belief. The selections indicated herein accurately reflect the limits, coverages, and deductibles I desire.

**I UNDERSTAND** that the coverage provided, as specified by this application, with respect to a Motor Home I own, does not provide Liability, Medical Payments, or Physical Damage coverage while the motor home is RENTED, LEASED, or LOANED for a charge to any organization or any person other than for Occasional Rental or Lease or Rental/Commercial as indicated in the Usage section of this application.

\_\_\_\_\_  
**Applicant's Signature and Date**

**COVERAGE BOUND ONLY WHEN SIGNED BY PRODUCER**

I, as resident Agent/Broker in the state of Alaska, have bound coverage for the effective date of: \_\_\_\_\_

\_\_\_\_\_  
 Producer Code                      Agency Name                      Phone Number                      Producer's Signature & Date