

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

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"/> COMBINATION PACKAGE				
BI/PD Liability	100/300/50	Vacation Liab.	\$10,000	
Med Pay	\$5,000	Emergency Exp.	\$500	
UIM BI/PD	100/300/50	Towing & Labor	\$300	
Coll/Other than Collision		Personal Effects	\$1,000	
\$ _____ Ded				
<input type="checkbox"/> LIABILITY ONLY PACKAGE				
BI/PD Liability	100/300/50			
Med. Pay	\$5,000			
Underinsured Motorist BI/PD	100/300/50			
<input type="checkbox"/> OPTIONAL UNDERINSURED MOTORISTS				
BI Liability	PD Liability			
<input type="checkbox"/> 250/500 <input type="checkbox"/> Rejected	<input type="checkbox"/> 25 <input type="checkbox"/> Rejected			
<input type="checkbox"/> OPTIONAL LIABILITY LIMITS BI/PD Liability				
<input type="checkbox"/> 100/300/100	<input type="checkbox"/> 250/500/50	<input type="checkbox"/> 250/500/100*		
*Submit to GA				
<input type="checkbox"/> OPTIONAL MEDICAL PAYMENTS				
<input type="checkbox"/> \$10,000	<input type="checkbox"/> Rejected			
<input type="checkbox"/> OTHER COVERAGES (Combo Package Only)				
<input type="checkbox"/> Additional Personal Effects ACV \$ _____				
<input type="checkbox"/> Vendors' Single Interest				
<input type="checkbox"/> Personal Injury Protection (\$10,000 for all coverages)				
SUBTOTAL				\$
SURCHARGE(S) Increase Subtotal by Surcharge Amount				
<input type="checkbox"/> Unit 16-22 feet in length-15%				x %
<input type="checkbox"/> Inexperienced-5%				x %
SUBTOTAL				\$
DISCOUNTS Decrease Subtotal by Discount Amount				
<input type="checkbox"/> Sr. Operator Motor Vehicle Acc Prevention Course 10%				x %
POLICY FEE				\$ 20
GRAND TOTAL				\$

STANDARD PROGRAM				Basic Premium
<input type="checkbox"/> COMBINATION PACKAGE				
BI/PD Liability	50/100/50			
Medical Payments	\$2,000			
Underinsured Motorist BI/PD	50/100/50			
Collision/Other than Collision	\$ 250 Ded			
<input type="checkbox"/> LIABILITY ONLY PACKAGE				
BI/PD Liability	50/100/50			
Medical Payments	\$2,000			
Underinsured Motorist BI/PD	50/100/50			
<input type="checkbox"/> OPTIONAL UNDERINSURED MOTORIST				
BI Liability	PD Liability			
<input type="checkbox"/> 100/300 <input type="checkbox"/> Rejected	<input type="checkbox"/> 25 <input type="checkbox"/> Rejected			
<input type="checkbox"/> 250/500*	*Submit to GA	<input type="checkbox"/> Rejected		
<input type="checkbox"/> OPTIONAL LIABILITY LIMITS BI/PD Liability				
<input type="checkbox"/> 100/300/50	<input type="checkbox"/> 100/300/100	<input type="checkbox"/> 250/500/100*		
*Submit to GA				
<input type="checkbox"/> OPTIONAL MEDICAL PAYMENTS				
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> Rejected		
<input type="checkbox"/> PHYSICAL DAMAGE DEDUCTIBLES				
<input type="checkbox"/> \$100	<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"/> OTHER COVERAGES (Combo Package Only)				
<input type="checkbox"/> Personal Effects ACV \$ _____				
<input type="checkbox"/> Vendor's Single Interest				
<input type="checkbox"/> \$10,000 Vacation Liability				
<input type="checkbox"/> \$300 Towing & Labor				
<input type="checkbox"/> PIP (\$10,000 for all coverages)				
<input type="checkbox"/> \$500 Emergency Exp.				
SUBTOTAL				\$
SURCHARGE(S) Increase Subtotal by Surcharge Amount				
<input type="checkbox"/> Multiple Ownership 75%				x %
<input type="checkbox"/> Titled in Corp. Name 10%				x %
<input type="checkbox"/> Unit over 15 yrs. old 15%				x %
<input type="checkbox"/> Unit 16-22 ft. in length 15%				x %
<input type="checkbox"/> Driving Experience _____%				x %
SUBTOTAL				\$
DISCOUNTS Decrease Subtotal by Discount Amount				
<input type="checkbox"/> Sr. Operator Motor Vehicle Acc Prevention Course 10%				x %
POLICY FEE				\$ 20
GRAND TOTAL				\$

BILLING INSTRUCTIONS

Agency Bill Direct Bill

Renewal Direct Bill Full Pay

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 _____

UNDERWRITING QUESTIONS

- Complete the following for ALL programs. Yes No
- Has the principal operator owned a motor home for 12 months or more? Yes No
 - Have there been any losses with previous motor homes? Yes No
 - Are family members or friends allowed to borrow the motor home? **If yes, explain below who and how often?** Yes No
 - Is the motor home the only vehicle in the household? Yes No
 - Is the motor home used as a primary residence? Yes No
 - Does the insured own a home? Yes No
 - Does the principal operator need a Financial Responsibility certificate? Yes No
 - Does the motor home have Factory/Dealer built-in sleeping and cooking facilities? Yes No
 - Is the motor home used in connection with any operator's business or occupation? Yes No
 - Will there be any public liability exposure? **If yes, explain below.** Yes No
 - Is the motor home used strictly for vacation/recreational purposes? **If no, explain below.** Yes No
 - Does any operator have a significant mental or physical impairment? **If yes, explain below.** Yes No
 - Is the motor home for sale? Yes No

RENTAL OR COMMERCIAL PROGRAM - DO NOT BIND

LIABILITY OPTIONS		BI/PD Liability	Basic Premium
<input type="checkbox"/> 50/100/50	<input type="checkbox"/> 100/300/100	Contact GA for higher limits	
<input type="checkbox"/> 100/300/50	<input type="checkbox"/> 250/500/100		
MEDICAL PAYMENTS			
<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> Rejected
OPTIONAL UNDERINSURED MOTORISTS			
BI Liability		PD Liability	
<input type="checkbox"/> 50/100	<input type="checkbox"/> 250/500	<input type="checkbox"/> 25	<input type="checkbox"/> 50
<input type="checkbox"/> 100/300	<input type="checkbox"/> Rejected	<input type="checkbox"/> Rejected	
PHYSICAL DAMAGE DEDUCTIBLE			
<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	
OTHER COVERAGES			
<input type="checkbox"/> Vendor's Single Interest			
<input type="checkbox"/> Personal Effects ACV \$_____ (\$5,000 Max.) (Available with Personal with Occasional Rental Only)			
SUBTOTAL			\$
SURCHARGE(S) 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	100%		
<input type="checkbox"/> *Commercial rental	150%		
<input type="checkbox"/> *Commercial use	100%		
*Complete Supplemental Motor Home Application, MA351-0801			x %
POLICY FEE			\$ 20
GRAND TOTAL			\$

**Minimum Written and Retained Premium:
\$500 per Policy Rental/Commercial**

UNDERWRITING EXPLANATIONS – Include question # from above as reference

SIGNATURES

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

I do not want 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 Underinsured Motorists Bodily Injury Coverage at the limits designated on the reverse. The limits selected are lower than the limits selected for Bodily Injury Liability Coverage 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

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 Washington, have bound coverage for the effective date of: _____

Producer's Signature & Date

AGENT'S SIGNATURE _____ **Date** _____ **Agent Code #** _____

Agency Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____