FOREMOST®
A Farmers Insurance® Company
Foremost Insurance Company Grand Rapids, Michigan

CALIFORNIA TRAVEL TRAILER INSURANCE APPLICATION

PRODUCER CODE		
PRODUCER NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE

REFERENCE OR POLICY NUMBER	EFFECTIVE DATE	TERM YEARS	PHONE NUMBER	FAX NUMBER

NAMED INSURED

Must be an INDIVIDUAL who is at least 18 years of age and have title to the vehicle. If title has been transferred to a TRUST or a BUSINESS, the trust or business may be listed as an ADDITIONAL INSURED. Identify the trust or business in the REGISTRATION NAME field below.

FIRST NAME	MI	LAST	OCCUPATION

DATE OF BIRTH	MARITAL STATUS	SOCIAL SECURITY NUMBER	PHONE NUMBER

MAILING ADDRESS	CITY	STATE	ZIP CODE

SECOND NAMED INSURED FIRST NAME	MI	LAST

DATE OF BIRTH	RELATIONSHIP TO INSURED

OTHER OWNER RESIDING IN A DIFFERENT HOUSEHOLD

FIRST NAME	MI	LAST

MAILING ADDRESS	CITY	STATE	ZIP CODE

DATE OF BIRTH	RELATIONSHIP TO INSURED

DOES THE INSURED HAVE ANOTHER PERSONAL LINES OR LIFE POLICY WITH FOREMOST, FARMERS, BRISTOL WEST OR 21st CENTURY? ❑ Y ❑ N
A LIFE POLICY MUST BE TERM, WHOLE, UNIVERSAL OR VARIABLE UNIVERSAL POLICY, HAVE A FACE AMOUNT OF $50,000 OR GREATER, ISSUED TO AN ADULT AND IN FORCE.

REGISTRATION NAME

List the PERSON, the TRUST, or the BUSINESS entity having title to the vehicle. BUSINESS registrations *must be for tax purposes only.* The policy does not provide coverage for business, professional or occupational *use.*

REGISTRATION NAME

IF BUSINESS, SPECIFY TYPE

VEHICLE INFORMATION

YEAR	MAKE	MODEL	LENGTH

VIN	UNREPAIRED DAMAGE ❑ YES ❑ NO	PURCHASE DATE	PURCHASE PRICE (Include sales tax and fees)	CURRENT MARKET VALUE (Include sales tax and fees)

USE:
❑ PLEASURE ❑ FULL-TIMER ❑ FULL-TIMER STATIONARY ❑ STATIONARY ❑ OTHER (SPECIFY)_____

NOTE: *TRAILERS AND CAMPERS (INCLUDING TRUCK-MOUNTED CAMPERS) THAT ARE USED IN ANY FULL- OR PART-TIME BUSINESS, OCCUPATION OR PROFESSIONAL CAPACITY ARE* **UNACCEPTABLE - DO NOT BIND OR SUBMIT.**

GARAGING

LOCATION TYPE:	IS THE UNIT STORED INSIDE?	IN PARK?
❑ RESIDENTIAL ❑ BUSINESS PROPERTY ❑ RENTAL STORAGE ❑ OTHER	❑ YES ❑ NO	❑ YES ❑ NO

COMPLETE ADDRESS BELOW IF VEHICLE IS GARAGED AT A LOCATION OTHER THAN THE NAMED INSURED'S MAILING ADDRESS.

STREET	CITY	COUNTY	STATE	ZIP CODE

LOSS HISTORY

DATE	TYPE	AMOUNT	DESCRIPTION

LOSS PAYEE OR LEASING COMPANY

LEASE OR LOAN NUMBER	NAME OF LIENHOLDER	STREET ADDRESS	CITY	STATE	ZIP CODE

COVERAGE SELECTION CHECKED BOXES INDICATE SELECTED COVERAGES

❒ OTHER THAN COLLISION ACV less deductible of:	❒ $250 ❒ $500 ❒ $750 ❒ $1,000 ❒ $2,000 ❒ $5,000	$
❒ COLLISION ACV less deductible of:	❒ $250 ❒ $500 ❒ $750 ❒ $1,000 ❒ $2,000 ❒ $5,000	$
❒ ADJACENT STRUCTURES	Amount $_____	$
❒ VACATION LIABILITY	❒ $10,000 ❒ $25,000 ❒ $50,000 ❒ $100,000 ❒ $300,000 ❒ $500,000	$
❒ TRAVELINE® TOWING/ROADSIDE ASSISTANCE	❒ $100 ❒ $250 ❒ $500 ❒ Reasonable Expense	$
❒ EMERGENCY EXPENSE	❒ $500 ❒ $750 ❒ $1,000	$
❒ SCHEDULED MEDICAL BENEFITS		$
❒ PERSONAL PROPERTY ACV less deductible of $_____	❒ $1,000 ❒ Additional amount $ _____	$
❒ REPLACEMENT COST PERSONAL PROPERTY less deductible of $_____ ❒ $2,000 ❒ Additional amount $_____		$
❒ TOTAL LOSS SETTLEMENT Is insured the original owner of the unit? ❒ Yes ❒ No Did the insured have Total Loss Settlement with the previous carrier (if applicable)? ❒ Yes ❒ No Previous carrier: _____		$
❒ FULL-TIMER LIABILITY	❒ $50,000 ❒ $100,000 ❒ $300,000 ❒ $500,000	$
❒ ADDITIONAL LIVING EXPENSE	❒ $2,000 ❒ $5,000 (Available only when Full-Timer Liability is chosen)	$
CALIFORNIA SPECIAL PURPOSE ASSESSMENT FEE		$
TOTAL WRITTEN PREMIUM		$

Remarks:

REQUIRED APPLICANT INFORMATION APPLICANT MUST COMPLETE, SIGN AND DATE THIS APPLICATION.

FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM:
ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

The insurer may obtain consumer reports or personal or privileged information from third parties. The information as well as other personal or privileged information subsequently collected by the insurer or your agent may in certain circumstances be disclosed to third parties without authorization, as permitted by law. You have the right of access and correction with respect to all personal information collected. At your request, the insurer will provide you with more detailed information regarding the collection, use and disclosure of personal information, and your rights to access and correct such information.

1. I agree to allow the insurer and its representatives to secure and review consumer report information, including loss history reports for persons listed in the application or subsequently added to the policy. I agree to allow the insurer and its representatives to share my name, address, date of birth, social security number and driver's license number with third party consumer reporting and insurance support organizations in order to obtain consumer reports. I further agree that the purpose of this authorization is to collect information in connection with my application, for my request for a change in policy benefits or for a replacement policy I may request. I understand that this authorization will remain in effect for one year from the date of my signature. I or my authorized representatives may request a copy of this authorization from my insurance representative.
2. I declare that the information contained in this application is true and complete to the best of my knowledge and belief. I understand that the insurer will rely on this information in determining my eligibility and premium.
3. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.

APPLICANT SIGNATURE ➡ DATE TIME ❑ AM ❑ PM

REQUIRED PRODUCER INFORMATION

By signing this application, I certify that I am both licensed by the state and appointed by Foremost to write this specific line of business.

PRODUCER SIGNATURE ➡ DATE TIME ❑ AM ❑ PM

PRODUCER NAME (Print) PRODUCER LICENSE NO. COVERAGE BOUND? ❑ YES ❑ NO

PAYMENT PLANS COLLECT FULL PAYMENT OR DOWN PAYMENT BEFORE CALLING TO REQUEST COVERAGE.

	DOWN PAYMENT	BALANCE DUE
❑ FULL PAYMENT ❑ 3 PAY An installment fee will be included in each installment payment other than full payment.	$ _____	$_____

PAPERLESS BILLING

The company offers electronic delivery of bills and billing-related documents, including but not limited to statements, notices and correspondence (Paperless Billing). You can enroll in Paperless Billing by logging onto www.foremostpayonline.com, and by reviewing and accepting the terms and conditions for Paperless Billing. If you enroll in Paperless Billing, you will acknowledge and agree to the following:

- That opting into Paperless Billing is voluntary.
- That you may update or change your email address by logging into your Foremost account on www.foremostpayonline.com.
- That you may opt out at any time by contacting us at 1-800-532-4221, by contacting your agent, or by logging into your Foremost account on www.foremostpayonline.com.