

NEVADA 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
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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
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DATE OF BIRTH	MARITAL STATUS	SOCIAL SECURITY NUMBER	PHONE NUMBER
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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SECOND NAMED INSURED FIRST NAME	MI	LAST
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DATE OF BIRTH	RELATIONSHIP TO INSURED
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OTHER OWNER RESIDING IN A DIFFERENT HOUSEHOLD

FIRST NAME	MI	LAST
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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DATE OF BIRTH	RELATIONSHIP TO INSURED
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 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
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VIN	UNREPAIRED DAMAGE ☐ YES ☐ NO	PURCHASE DATE	PURCHASE PRICE	CURRENT MARKET VALUE
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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. PERSONAL USE TRAVEL TRAILERS THAT ARE OCCASIONALLY RENTED, LEASED, OR LOANED TO OTHERS FOR A CHARGE OR FEE ARE ELIGIBLE. HOWEVER, COVERAGE DOES NOT APPLY DURING THE TIME YOUR TRAVEL TRAILER IS RENTED, LEASED, OR LOANED.

GARAGING

LOCATION TYPE: ☐ RESIDENTIAL ☐ BUSINESS PROPERTY ☐ RENTAL STORAGE ☐ OTHER	IS THE UNIT STORED INSIDE? ☐ YES ☐ NO	IN PARK? ☐ YES ☐ NO
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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
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COVERAGE SELECTION CHECKED BOXES INDICATE SELECTED COVERAGES					
☐ OTHER THAN COLLISION	ACV less deductible of:	☐ \$250 ☐ \$2,500	☐ \$500 ☐ \$5,000	☐ \$750 ☐ \$1,000	\$
☐ COLLISION	ACV less deductible of:	☐ \$250 ☐ \$2,500	☐ \$500 ☐ \$5,000	☐ \$750 ☐ \$1,000	\$
☐ ADJACENT STRUCTURES	Amount \$				\$
☐ VACATION LIABILITY		☐ \$10,000 ☐ \$300,000	☐ \$25,000 ☐ \$500,000	☐ \$50,000 ☐ \$100,000	\$
☐ 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:				\$
☐ COMPREHENSIVE PERSONAL LIABILITY		☐ \$50,000	☐ \$100,000	☐ \$300,000 ☐ \$500,000	\$
☐ ADDITIONAL LIVING EXPENSE		☐ \$2,000	☐ \$5,000	(Available only when Comprehensive Personal Liability is chosen)	\$
TOTAL WRITTEN PREMIUM					\$

Remarks:

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

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES.

In connection with this application for insurance, the insurer may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. The insurer may use a third party in connection with the development of your insurance score. You may request reconsideration of an insurance score because of the direct influence of an extraordinary life circumstance on your credit information. Your request must be received within one year from the date of your application or renewal. Please contact Underwriting at 1-800-958-6120 for more information on your right to reconsideration.

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, motor vehicle records, or credit report information, 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. I 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.
4. I understand that the coverage I selected on my travel trailer does not apply while that travel trailer is rented, leased, or loaned for a charge or fee to any organization or any person other than me.

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.

☐ FULL PAYMENT ☐ 2 PAY ☐ 4 PAY ☐ _____ An installment fee will be included in each installment payment other than full payment.	DOWN PAYMENT \$ _____	BALANCE DUE \$ _____
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