

# CONNECTICUT TRAVEL TRAILER INSURANCE APPLICATION



JOSEPH KRAR & ASSOCIATES, INC.

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, 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
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IF BUSINESS, SPECIFY TYPE
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## VEHICLE INFORMATION

**TYPE OF UNIT:** (Please Check)

 <input type="checkbox"/> AUTO HAULER	 <input type="checkbox"/> TRAVEL TRAILER	 <input type="checkbox"/> TENT CAMPER	 <input type="checkbox"/> FIFTH WHEEL	 <input type="checkbox"/> TRUCK MOUNTED
 <input type="checkbox"/> UTILITY TRAILER	 <input type="checkbox"/> ANIMAL TRAILER WITH LIVING QUARTERS	 <input type="checkbox"/> ANIMAL TRAILER WITHOUT LIVING QUARTERS	 <input type="checkbox"/> SPORT UTILITY TRAILER WITH LIVING QUARTERS	 <input type="checkbox"/> SPORT UTILITY TRAILER WITHOUT LIVING QUARTERS

YEAR	MAKE	MODEL	LENGTH
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VIN	UNREPAIRED DAMAGE <input type="checkbox"/> YES <input type="checkbox"/> 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.

## GARAGING

LOCATION TYPE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> BUSINESS PROPERTY <input type="checkbox"/> RENTAL STORAGE <input type="checkbox"/> OTHER	IS THE UNIT STORED INSIDE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IN PARK? <input type="checkbox"/> YES <input type="checkbox"/> 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

<input type="checkbox"/> OTHER THAN COLLISION	ACV less deductible of:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$750	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	\$	
<input type="checkbox"/> COLLISION	ACV less deductible of:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$750	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	\$	
<input type="checkbox"/> ADJACENT STRUCTURES	Amount \$	_____						\$	
<input type="checkbox"/> VACATION LIABILITY		<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000					\$
<input type="checkbox"/> TRAVELINE® TOWING/ROADSIDE ASSISTANCE		<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> Reasonable Expense				\$
<input type="checkbox"/> EMERGENCY EXPENSE		<input type="checkbox"/> \$500	<input type="checkbox"/> \$750	<input type="checkbox"/> \$1,000					\$
<input type="checkbox"/> SCHEDULED MEDICAL BENEFITS								\$	
<input type="checkbox"/> PERSONAL PROPERTY	ACV less deductible of \$	_____		<input type="checkbox"/> \$1,000	<input type="checkbox"/> Additional amount \$		_____		\$
<input type="checkbox"/> REPLACEMENT COST PERSONAL PROPERTY	less deductible of \$	_____							\$
		<input type="checkbox"/> \$2,000	<input type="checkbox"/> Additional amount \$ _____						\$
<input type="checkbox"/> TOTAL LOSS REPLACEMENT COST									
Is insured the original owner of the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Did the insured have Total Loss Replacement with the previous carrier (if applicable)? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Previous carrier: _____									
<input type="checkbox"/> FULL-TIMER LIABILITY		<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000				\$
<input type="checkbox"/> ADDITIONAL LIVING EXPENSE		<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$5,000	(Available only when Full-Timer Liability is chosen)					\$
<b>THREE YEAR TENT CAMPER PROGRAM (Limited to campers with a recent purchase price or current market value of \$3,501 - \$12,000)</b>									
\$500 Deductible - Other Than Collision and Collision Coverage (ACV)				\$500 Emergency Expense				\$	
\$1,000 Personal Property - ACV less deductible of \$500				\$10,000 Vacation Liability				\$	
No coverage options are available when this package is selected and premium payment will be three years, prepaid.									
<b>TOTAL WRITTEN PREMIUM</b>								\$	

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, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score. In connection with this application, your credit history may be used in the underwriting or rating of your policy. Upon your written request, we shall consider if your credit history has been adversely impacted by an extraordinary life circumstance which occurred within three years before the date of your application. If we determine that your credit history has been adversely impacted by such extraordinary life circumstance, we will grant a reasonable exception to your rates, rating classifications or underwriting rules for you.

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 that the insurer may secure and review consumer reports, including motor vehicle records or credit report information, for persons listed in the application or subsequently added to the policy by me or my authorized representatives. I agree to allow the insurer 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 insurer may secure and review new consumer reports in evaluating this policy, for my request for a change in policy benefits, or for a replacement policy as permitted by law. I understand that this authorization will remain in effect unless I make arrangements to revoke it through my insurance representative. I or my representatives may obtain a copy of this application and authorization by requesting it from my insurance representative.
2. I declare that the information contained in this application is true 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.

<input type="checkbox"/> FULL PAYMENT <input type="checkbox"/> 2 PAY <input type="checkbox"/> 4 PAY <input type="checkbox"/> _____ An installment fee will be included in each installment payment other than full payment.	DOWN PAYMENT \$ _____	BALANCE DUE \$ _____
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