



MASSACHUSETTS TRAVEL TRAILER INSURANCE APPLICATION

PRODUCER CANNOT BIND COVERAGE. NO COVERAGE IS PROVIDED UNTIL THE GENERAL AGENCY OR INSURER BINDS COVERAGE.

PRODUCER CODE		
PRODUCER NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE

REFERENCE NUMBER	EFFECTIVE DATE	TERM YEARS	PHONE NUMBER	FAX NUMBER
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APPLICANT 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	SOCIAL SECURITY NUMBER		PHONE NUMBER
MAILING ADDRESS		CITY	STATE ZIP CODE

SECOND APPLICANT FIRST NAME	MI	LAST
DATE OF BIRTH	RELATIONSHIP TO APPLICANT	

OTHER OWNER RESIDING IN A DIFFERENT HOUSEHOLD

FIRST NAME	MI	LAST
MAILING ADDRESS		CITY STATE ZIP CODE
DATE OF BIRTH	RELATIONSHIP TO APPLICANT	

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
IF BUSINESS, SPECIFY TYPE

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
VIN	UNREPAIRED DAMAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	PURCHASE DATE	PURCHASE PRICE
			CURRENT MARKET VALUE

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 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 APPLICANT'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"/> \$300	<input type="checkbox"/> \$500	<input type="checkbox"/> \$750	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	\$	
<input type="checkbox"/> COLLISION ACV less deductible of:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	<input type="checkbox"/> \$500	<input type="checkbox"/> \$750	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	\$	
<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)					\$
THREE YEAR TENT CAMPER PROGRAM (Limited to campers with a recent purchase price or current market value of \$3,501 - \$12,000)								
\$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.								
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.

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 selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.
3. I understand my producer is submitting this application to an appointed agency of an insurer, and that my producer does not have binding authority with the insurer. I understand I will not have coverage until I am informed by the appointed agency or the insurer that coverage is bound or issued.

APPLICANT SIGNATURE _____

DATE

TIME

AM
 PM

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

\$ _____