

# CONNECTICUT MOTOR HOME INSURANCE APPLICATION



PRODUCER CODE		
PRODUCER NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE

REFERENCE OR POLICY NUMBER	EFFECTIVE DATE	TERM 12 MO	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
DATE OF BIRTH	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, 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

**OPERATORS LIST ALL OPERATORS**

NAME	DATE OF BIRTH	RELATIONSHIP TO NAMED INSURED	YEARS MOTOR HOME EXPERIENCE	SR-22 FILING REQUIRED?	ACCIDENT PREVENTION COURSE DATE	DRIVER'S LICENSE NUMBER	ISSUING STATE	PERCENT OF USE
1.				<input type="checkbox"/> Y <input type="checkbox"/> N				
2.				<input type="checkbox"/> Y <input type="checkbox"/> N				
3.				<input type="checkbox"/> Y <input type="checkbox"/> N				

**ACCIDENTS OR VIOLATIONS**

HAS ANY OPERATOR BEEN CONVICTED OF A MOVING VIOLATION OR HAD AN ACCIDENT (REGARDLESS OF FAULT OR TYPE OF VEHICLE DRIVEN) WITHIN THE PAST 3 YEARS?  Y  N  
 IF YES, PROVIDE DETAILS BELOW OR IN "REMARKS".

OPERATOR #	ACCIDENT/VIOLATION		ACCIDENT			PLACE (CITY-STATE)	DESCRIPTION
	(SPECIFY)	DATE	AT-FAULT	BODILY INJURY	AMOUNT OF PROPERTY DAMAGE		
	<input type="checkbox"/> ACC <input type="checkbox"/> VIOL		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
	<input type="checkbox"/> ACC <input type="checkbox"/> VIOL		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
	<input type="checkbox"/> ACC <input type="checkbox"/> VIOL		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		

**VEHICLE INFORMATION**

UNIT TYPE: <input type="checkbox"/> CLASS A <input type="checkbox"/> CLASS B <input type="checkbox"/> CLASS C <input type="checkbox"/> LUXURY COACH <input type="checkbox"/> MEDIUM DUTY TOW TRUCK				
YEAR	LENGTH	MAKE	MODEL	
VIN	ANNUAL MILEAGE	PURCHASE DATE	PURCHASE PRICE	CURRENT MARKET VALUE
SAFETY EQUIPMENT (CHECK THOSE THAT APPLY): <input type="checkbox"/> ANTI-LOCK BRAKES <input type="checkbox"/> AIRBAGS				UNREPAIRED DAMAGE <input type="checkbox"/> Y <input type="checkbox"/> N

USE:  PLEASURE  FULL-TIMER  OTHER (SPECIFY) \_\_\_\_\_

**NOTE:** MOTOR HOMES THAT ARE RENTED, LEASED OR LOANED TO OTHERS FOR A CHARGE OR FEE, OR MOTOR HOMES THAT ARE USED IN ANY FULL- OR PART-TIME BUSINESS, OCCUPATION OR PROFESSIONAL CAPACITY, ARE UNACCEPTABLE - DO NOT BIND OR SUBMIT.

**GARAGING**LOCATION TYPE:  RESIDENTIAL  BUSINESS PROPERTY  RENTAL STORAGE  OTHER IS THE UNIT STORED INSIDE?  Y  NCOMPLETE ADDRESS BELOW IF VEHICLE IS GARAGED AT A LOCATION OTHER THAN THE NAMED INSURED'S MAILING ADDRESS.  
STREET CITY STATE ZIP CODE**REGISTRATION ADDRESS IF DIFFERENT THAN GARAGING ADDRESS**

STREET CITY 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**

<input type="checkbox"/> BODILY INJURY	<input type="checkbox"/> \$20/40 <input type="checkbox"/> \$25/50 <input type="checkbox"/> \$50/100 <input type="checkbox"/> \$100/300 <input type="checkbox"/> \$300/500 <input type="checkbox"/> \$500/500	\$
<input type="checkbox"/> PROPERTY DAMAGE	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000	\$
<input type="checkbox"/> MEDICAL PAYMENTS	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	\$
<input type="checkbox"/> BASIC REPARATIONS BENEFITS	\$5,000	\$
<input type="checkbox"/> UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY - STANDARD	<input type="checkbox"/> \$20/40 <input type="checkbox"/> \$25/50 <input type="checkbox"/> \$40/80 <input type="checkbox"/> \$50/100 <input type="checkbox"/> \$100/200 <input type="checkbox"/> \$100/300 <input type="checkbox"/> \$200/600 <input type="checkbox"/> \$300/500 <input type="checkbox"/> \$500/500 <input type="checkbox"/> \$600/1,000 <input type="checkbox"/> \$1,000/1,000	\$
<input type="checkbox"/> UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY - CONVERSION	<input type="checkbox"/> \$20/40 <input type="checkbox"/> \$25/50 <input type="checkbox"/> \$40/80 <input type="checkbox"/> \$50/100 <input type="checkbox"/> \$100/200 <input type="checkbox"/> \$100/300 <input type="checkbox"/> \$200/600 <input type="checkbox"/> \$300/500 <input type="checkbox"/> \$500/500 <input type="checkbox"/> \$600/1,000 <input type="checkbox"/> \$1,000/1,000	\$
<input type="checkbox"/> OTHER THAN COLLISION ACV less deductible of:	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000	\$
<input type="checkbox"/> COLLISION ACV less deductible of:	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <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 of \$ _____	\$
<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"/> \$20/40 <input type="checkbox"/> \$25/50 <input type="checkbox"/> \$50/100 <input type="checkbox"/> \$100/300 <input type="checkbox"/> \$300/500 <input type="checkbox"/> \$500/500 Limit equals Bodily Injury Liability limit	\$
<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>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, the insurer may review your credit report or obtain or use a credit-based insurance score based on 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, in writing, a reconsideration of an insurance score because of the direct influence on your credit information of an extraordinary life circumstance as set forth in Connecticut Gen. Stats. Section 38a-686(b)(6)(D).

**Notice of Information Practices.** 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.
4. I understand that the coverage I selected will not provide Liability Coverage, Medical Payments Coverage or Coverage For Damage To Your Motor Home while that Motor Home is rented, leased or loaned for a charge to any organization or any person other than me.
5. I agree that the insurer and its affiliates may use any telephone number, including any cell phone number, I provide now or in the future to contact me by way of live calls or by use of any automatic dialing system or artificial or prerecorded voice.

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

\_\_\_\_\_

A Service Fee will be included in each installment payment other than full-payment.

DOWN PAYMENT  
\$

BALANCE DUE  
\$

Form 738020 must be completed to select Uninsured/Underinsured Motorists Conversion Bodily Injury coverage or to select limits for Uninsured/Underinsured Motorists Bodily Injury or Uninsured/Underinsured Motorists Conversion Bodily Injury that are different from your Bodily Injury limits.

# INFORMED CONSENT FORM

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## **Types of Coverage**

### **UNINSURED/UNDERINSURED MOTORISTS COVERAGE**

Connecticut law requires you to buy Uninsured/Underinsured Motorists (UM/UIM) coverage. Generally, this coverage only applies where the person who causes an accident is not an insured under your policy.

Anyone injured in an accident may seek to recover damages from the person causing the loss. These losses include your medical bills, lost wages (past and future), as well as payment for disabilities, pain and suffering and loss of enjoyment of life's activities.

Normally, these damages would be paid by the other person's insurance company. UM/UIM coverage protects you, your family and others in your car for injuries caused by someone who did not buy insurance.

You have the right to choose the amount of coverage. It can be as low as \$20,000 per person and \$40,000 per accident, or as high as twice your policy's Bodily Injury Liability coverage limit. The amount of liability coverage you buy will govern the maximum amount of UM/UIM coverage you can buy.

This coverage also includes standard Underinsured Motorists (UIM) coverage. It protects you where injuries are caused by someone whose insurance is not enough to pay your damages and is less than your UM/UIM limits. UIM coverage will pay your damages to fill in the difference between those limits. However, the protection available under standard UIM coverage is usually reduced by amounts paid by workers' compensation, or by or on behalf of the person at fault.

### **UNDERINSURED MOTORISTS CONVERSION COVERAGE**

Under the current law, you can convert standard UIM coverage to UNDERINSURED MOTORISTS CONVERSION (UIMC) COVERAGE. This coverage is not reduced by payments from any source. If your damages exceed the amount of the at-fault person's insurance, or other payments, your UIMC coverage will be available for damages not paid.

Both standard (UIM) and conversion (UIMC) coverages only become available after the liability insurance of the at-fault person has been fully paid.

### **Stacking**

Connecticut law does not provide for stacking of UM/UIM coverage. Stacking allows insureds to add together UM/UIM coverage under separate policies or, in multi-car policies, the insurance applicable to each car.

With stacking, if you had two insured cars and you purchased \$100,000 of UM/UIM coverage, you received (and you paid for) \$200,000 of protection. Under the current law, the amount purchased (\$100,000) is not multiplied by the number of cars insured.

Also, your UM/UIM coverage is limited to the highest available limit under any of the policies that apply to the accident. If you are injured in a car you own, you are limited to the amount of coverage for that car.

## ELECTION OF COVERAGE

### UNINSURED/UNDERINSURED MOTORISTS (UM/UIM) COVERAGE

If you do not check a box below your policy will be issued with standard UIM coverage (not Conversion UIM coverage) with limits equal to your Bodily Injury Liability (BI) coverage.

If you check more than one box your policy will be issued with the highest level of coverage selected.

**SELECT ONE OPTION UNDER EITHER STANDARD UIM COVERAGE OR CONVERSION UIM COVERAGE.**

**DO NOT CHECK MORE THAN ONE BOX BELOW.**

Bodily Injury Liability Limit You Selected	UM WITH STANDARD UIM COVERAGE			UM WITH CONVERSION UIM COVERAGE		
		Limit	Total Coverage Premium		Limit	Total Coverage Premium
<b>100/300</b>	<input type="checkbox"/>	200/600	\$42	<input type="checkbox"/>	200/600	\$66
	<input type="checkbox"/>	100/300	31	<input type="checkbox"/>	100/300	50
	* <input type="checkbox"/>	50/100	21	* <input type="checkbox"/>	50/100	34
	* <input type="checkbox"/>	25/50	10	* <input type="checkbox"/>	25/50	21
	* <input type="checkbox"/>	20/40	6	* <input type="checkbox"/>	20/40	18
<b>300/500</b>	<input type="checkbox"/>	600/1,000	\$60	<input type="checkbox"/>	600/1,000	\$85
	<input type="checkbox"/>	300/500	47	<input type="checkbox"/>	300/500	73
	* <input type="checkbox"/>	100/300	31	* <input type="checkbox"/>	100/300	50
	* <input type="checkbox"/>	50/100	21	* <input type="checkbox"/>	50/100	34
	* <input type="checkbox"/>	25/50	10	* <input type="checkbox"/>	25/50	21
<b>500/500</b>	<input type="checkbox"/>	1,000/1,000	\$65	<input type="checkbox"/>	1,000/1,000	\$92
	<input type="checkbox"/>	500/500	51	<input type="checkbox"/>	500/500	83
	* <input type="checkbox"/>	300/500	47	* <input type="checkbox"/>	300/500	73
	* <input type="checkbox"/>	100/300	31	* <input type="checkbox"/>	100/300	50
	* <input type="checkbox"/>	50/100	21	* <input type="checkbox"/>	50/100	34
<b>50/100</b>	* <input type="checkbox"/>	25/50	10	* <input type="checkbox"/>	25/50	21
	* <input type="checkbox"/>	20/40	6	* <input type="checkbox"/>	20/40	18
	<input type="checkbox"/>	100/200	\$29	<input type="checkbox"/>	100/200	\$49
	<input type="checkbox"/>	50/100	21	<input type="checkbox"/>	50/100	34
<b>25/50</b>	* <input type="checkbox"/>	25/50	10	* <input type="checkbox"/>	25/50	21
	* <input type="checkbox"/>	20/40	6	* <input type="checkbox"/>	20/40	18
	<input type="checkbox"/>	50/100	\$21	<input type="checkbox"/>	50/100	\$34
<b>20/40</b>	<input type="checkbox"/>	25/50	10	<input type="checkbox"/>	25/50	21
	<input type="checkbox"/>	20/40	6	<input type="checkbox"/>	20/40	18

NOTE: An asterisk (\*) preceding a box indicates a reduction in coverage below your Bodily Injury Liability limit.

**IF YOU HAVE CHECKED ONE OF THE BOXES PRECEDED BY AN ASTERISK(\*) WHEN YOU SIGN THIS FORM, YOU ARE CHOOSING A REDUCED PREMIUM, BUT YOU ARE ALSO CHOOSING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY. IF YOU ARE UNCERTAIN ABOUT HOW THIS DECISION WILL AFFECT YOU, YOU SHOULD GET ADVICE FROM YOUR INSURANCE AGENT OR ANOTHER QUALIFIED ADVISOR.**

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Signature of Any Named Insured \_\_\_\_\_

Date \_\_\_\_\_

Policy or Reference # \_\_\_\_\_