

TEXAS MOTOR HOME APPLICATION



POLICY/BINDER NUMBER _____

APPLICANT

NAME	PHONE ()
STREET NO.	COUNTY
CITY, STATE, ZIP	
OCCUPATION	
PRINCIPAL GARAGING LOCATION IF DIFFERENT THAN RESIDENCE	

AGENT

FOREMOST CODE NO.	
NAME AND ADDRESS:	

POLICY PERIODS

From:	To:
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LOSS PAYEE - Name and Address

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PAYMENT METHOD — Flex-a-bill Agents only

<input type="checkbox"/> Annual	<input type="checkbox"/> Two Payments (50% down plus applicable service fee)	<input type="checkbox"/> Four Payments (25% down plus applicable service fee)
<input type="checkbox"/> Ten Payments (16.3% down plus applicable service fee)	<input type="checkbox"/> 16% Down - 10 Additional Payments (first year) - Texas Rule 14 Compliance Offer	

DRIVER INFORMATION

DR. NO.	ALL DRIVERS' NAMES (as it appears on driver's license)	% USE	BIRTH DATE	Relationship To Insured	Driver's License No. And State	
			M / D / Y		Number	ST
1.			/ /			
2.			/ /			
3.			/ /			

DESCRIPTION OF MOTOR HOME — If Rating Base is greater than \$150,000 complete Supplemental Information Section

YR.	MAKE AND MODEL	IDENTIFICATION NUMBER	LENGTH	Date	Purch	PURCHASE PRICE (Incl. all equip & tax)	ANNUAL MILEAGE	RATING BASE
				Mo.	Yr.			

ACCIDENTS/VIOLATIONS

DR. NO	INDICATE TYPE OF ACCIDENT OR VIOLATION - IN PAST 3 YEARS	MO/YR	CITY AND STATE OF OCCURRENCE	At Fault?	
				Yes	No
		/			
		/			
		/			

UNDERWRITING INFORMATION

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has the principal operator owned or driven a Motor Home more than 12 months?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the Motor Home have Factory / Dealer built-in sleeping and cooking facilities or is the vehicle a recreational tow truck?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the Principal operator need a Financial Responsibility Certificate?†
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the Motor Home used as a primary residence?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the vehicle a converted school or public transit bus, step van or delivery vehicle?† Complete Supplemental Information Section.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the Motor Home used in connection with any operators' business or profession?†
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will there be any public liability exposure? If yes, explain below.†
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the Motor Home used strictly for recreational purposes? If no, explain below.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does any operator have a significant mental or physical impairment? If yes, explain below.†

†If yes, do not bind, submit for Underwriting Approval

Please complete, have signed and send copy to Company.

MOTOR HOME COVERAGE SELECTION — Bolded & Enlarged Coverage Descriptions and Limits indicate Basic Package Coverages

Rating Territory: 1 2 3

Rating Package: Preferred Standard

Package Premium
from Rate Chart

\$

Premium Adjustments

<input type="checkbox"/> BODILY INJURY <input type="checkbox"/> \$100/300 <input type="checkbox"/> \$25/50 <input type="checkbox"/> \$50/100 <input type="checkbox"/> \$250/500 <input type="checkbox"/> Other \$ _____	\$
<input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other \$ _____	\$
<input type="checkbox"/> PERSONAL INJURY PROTECTION COVERAGE Pursuant to Article 5.06-3 of the Texas Insurance Code, Texas Law requires that Personal Injury Protection Coverage be offered on every automobile liability policy issued in the state. This coverage has been explained and offered. I choose the limit marked below: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$2,500 The law gives you the right to reject this coverage in writing. This coverage has been explained and offered. <input type="checkbox"/> I hereby reject Personal Injury Protection Coverage entirely. Signature of Applicant _____ Date _____	\$

FOR LIABILITY POLICY — All Coverage Selections Below Should Be Left Blank

Premium Adjustments

<input type="checkbox"/> OTHER THAN COLLISION ACV less deductible of <input type="checkbox"/> \$500 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <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"/> \$500 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000	\$
<input type="checkbox"/> Uninsured/Underinsured Motorists Bodily Injury and Property Damage Coverage Pursuant to Article 5.06-1 of the Texas Insurance Code, Texas Law requires that Uninsured/Underinsured Motorist Coverage be offered on every automobile policy issued in the state. This coverage has been explained and offered. I choose the limit marked below: <input type="checkbox"/> \$ 25,000/50,000/15,000 <input type="checkbox"/> \$100,000/300,000/15,000 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> \$ 50,000/100,000/15,000 <input type="checkbox"/> \$250,000/500,000/15,000 The law gives you the right to reject this coverage in writing. <input type="checkbox"/> This coverage has been explained and offered. I hereby reject Uninsured/Underinsured Motorists Coverage entirely. Signature of Applicant _____ Date _____	\$
<input type="checkbox"/> TRAVELINE® TOWING/ROADSIDE ASSISTANCE <input type="checkbox"/> \$250 <input type="checkbox"/> \$100 <input type="checkbox"/> \$500 <input type="checkbox"/> Reasonable Expense per Disablement	\$
<input type="checkbox"/> EMERGENCY EXPENSE \$750 per Loss	\$
<input type="checkbox"/> SCHEDULED MEDICAL BENEFITS PER COVERAGE PART	\$
<input type="checkbox"/> COMPREHENSIVE CONTENTS <input type="checkbox"/> \$1,000 <input type="checkbox"/> Additional Amount \$ _____	\$
<input type="checkbox"/> Replacement Cost Contents Amount \$ _____	\$
<input type="checkbox"/> Total Loss Replacement Cost (New Units Only)	\$
GRAND TOTAL	\$

<input type="checkbox"/> FULL-TIMER (underwritten and issued as a separate policy by Foremost Insurance Company - Product Code 123)	FULL-TIMER PREMIUM
Comprehensive Personal Liability <input type="checkbox"/> \$ 50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 A \$1000 limit for each person for Medical Payments to Others is included at no additional premium charge.	\$

<input type="checkbox"/> RECREATIONAL TOW TRUCK Call Customer Relations for rates or additional information MEDIUM DUTY TRUCKS used to tow a travel trailer Foremost insures and that have a GVWR over 10,000 pounds. A Recreational Tow Truck can be insured for ONLY coverages shown on the right. Towing & Labor, Personal Effects, Vacation Liability, Full-timers and Scheduled Medical Benefits are available on the companion Travel Trailer Policy.	Coverage	Limit	Premium
	<input type="checkbox"/> Bodily Injury	\$	\$
	<input type="checkbox"/> Property Damage	\$	\$
	<input type="checkbox"/> Personal Injury Protection	\$	\$
	<input type="checkbox"/> Other Than Collision	\$	\$
	<input type="checkbox"/> Collision	\$	\$
	<input type="checkbox"/> Uninsured/Underinsured Motorists/ Bodily Injury and Property Damage	\$	\$
	GRAND TOTAL		

NOTE: Surcharges may apply for Driver Experience, Titled in Company Name, or Multiple Owners. Refer to Customer Service for premiums.

SIGNATURE OF APPLICANT

1. I agree that the Company may investigate and secure motor vehicle records for the persons listed on the application.
2. I declare that all of the statements contained in this application are true to the best of my knowledge and belief. The selections indicated above accurately reflect the limits, coverages and deductible I desire.
3. I understand that the coverage provided, as specified by this application, with respect to a Motor Home I own does not provide Liability, Medical Payments or Coverage For Damage To Your Motor Home while the Motor Home is rented, leased or loaned for a charge to any organization or any person other than me.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF AGENT

SIGNATURE

PRINTED NAME

SUPPLEMENTAL INFORMATION — Complete for units with rating base over \$150,000

Complete Sections A and B for motor homes (luxury coaches) valued over \$150,000.

Complete Sections A, B and C for conversions.

NOTE - Four photographs, 2 interior - one front to back, the other back to front, and 2 exterior showing any murals are required with the application, and should be submitted unbound prior to binding coverage.

A. PREVIOUS MOTOR HOME EXPERIENCE AND DESCRIPTION OF UNIT(S)

<u>Year</u>	<u>Make & Model</u>	<u>Value</u>	<u>Length</u>	<u>Dates of Ownership/Use</u>	<u>Mileage Logged</u>
1.					
2.					
3.					

Have there been losses with any motor home? _____

Does the motor home have an anti-theft device? Yes No (check type) Active Passive

B. GARAGING INFORMATION

Mark all that apply:

Location:

- Residential
- Rural
- Rental Storage Property
- Business Property

Storage:

- Inside Storage
(Building construction _____)
- (Exposures in facility _____)
- Outside Storage

Security:

- Fenced
- Lighted
- Guarded
- Security System

(Describe business _____)

C. CONVERSIONS

1. Cost of the vehicle before conversion \$ _____ Total cost of conversion \$ _____
 2. Conversion performed by _____ Must be **professionally** done by one of the following companies: Vantare Coaches, Angola Coaches, Country Coaches, Royale Coaches, Liberty Coaches, Marathon Coaches, Vision Coach, Genesys Coach, American Coach, Custom Coaches and Parliament Coaches. If the motor home was not converted by one of the listed converters-a copy of the build sheet and floor plan, four photographs and an appraisal are required.
- Please answer the following questions if the conversion work was not completed by a converter listed above:
3. Chassis: Model & Year _____ Length _____ Width _____ Mileage _____
 4. Engine: Gasoline Diesel Alternate Fuel Turbo Charged Non-turbo Charged
of Cylinders _____ Cubic Inch _____ H.P. _____
Date of last overhaul _____ Mileage at last overhaul _____ Who performed overhaul? _____
 5. Body Construction: Fiberglass Aluminum Stainless Steel Painted Steel Other _____
 6. Steering: Mechanical Power

