

AMERICAN RELIABLE INSURANCE COMPANY
 A Subsidiary of American Bankers Insurance Group
CONNECTICUT, RHODE ISLAND & VERMONT TRAVELER APPLICATION
 PRINT OR TYPE ALL INFORMATION!!

TYPE OF PROGRAM:
 REGULAR L.O.B. 39
 STATIONARY L.O.B. 41
 SUSPENSE #: _____
 POLICY #: _____

INSURANCE INNOVATORS AGENCY
 OF NEW ENGLAND, INC.
 30B CAPITAL DR., P.O. BOX 680
 WEST SPRINGFIELD, MA 01090
 TEL(800)332-3847, FAX(413)731-7403
 G.A. # _____ SUBAGENT # _____

APPLICANT/OWNER (Check box if additional Applicant/Owner is indicated in "Remarks" section on reverse side.)

NAME: _____ SOCIAL SECURITY NO.: _____ HOME PHONE: () _____
 DATE OF BIRTH: _____ WORK PHONE: () _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

LOCATION ADDRESS: (If different than mailing address) _____ CITY: _____ STATE: _____ ZIP: _____

LIENHOLDER (Check box if additional Lienholder is indicated in "Remarks" section on reverse side.)

NAME: _____ ACCOUNT NUMBER: _____
 MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____





PERIOD OF INSURANCE (12:01 A.M. STANDARD TIME)

EFFECTIVE DATE: FROM: _____ TO: _____ PREVIOUS CARRIER: _____

DESCRIPTION OF TRAVEL TRAILER

| YEAR | MAKE/MODEL | SERIAL NUMBER | LENGTH | WIDTH | DATE PURCHASED | PURCHASE PRICE |
|------|------------|---------------|--------|-------|----------------|----------------|
| | | | | | | |

TYPE OF UNIT

Travel Trailer  (R) Camping Trailer  (C) Fifth Wheel  (F) Truck Mounted  (M)

DRIVER INFORMATION (REGULAR PROGRAM ONLY)
 REQUIRED IF TRAVEL TRAILER IS VALUED OVER \$20,000 - List All Drivers

| NAME | D.O.B. | LICENSE # | STATE | VIOLATIONS |
|----------|--------|-----------|-------|------------|
| 1. _____ | / / | _____ | _____ | _____ |
| 2. _____ | / / | _____ | _____ | _____ |

CLASSIFICATION **COVERAGES** **TOTAL LIMITS** **PREMIUM**

| CLASSIFICATION | YES | NO | COVERAGES | TOTAL LIMITS | PREMIUM |
|---|--------------------------|--------------------------|-----------------------------------|--------------|---------|
| 1. Is trailer used as a primary residence? | <input type="checkbox"/> | <input type="checkbox"/> | REGULAR PROGRAM: | \$ | \$ |
| 2. Number of years experience pulling a trailer? _____ years. | <input type="checkbox"/> | <input type="checkbox"/> | Comprehensive Travel Trailer | | |
| 3. Approximately how many miles each year is the unit pulled? _____ miles. | <input type="checkbox"/> | <input type="checkbox"/> | Named Perils Personal Effects | | |
| 4. Is this an Airstream, Avion, or other Airplane type? | <input type="checkbox"/> | <input type="checkbox"/> | Off Road Liability | | |
| 5. Is trailer used for other than recreational use or travel? | <input type="checkbox"/> | <input type="checkbox"/> | Lender's Interest Protection | | |
| 6. Has insured reported any claims in past 36 months? | <input type="checkbox"/> | <input type="checkbox"/> | STATIONARY PROGRAM | | |
| 7. Has insured been canceled or non-renewed in past 36 months? | <input type="checkbox"/> | <input type="checkbox"/> | Comprehensive Travel Trailer | | |
| 8. Is the trailer located in an area subject to flood, mudslides, brush fires, or high crime? | <input type="checkbox"/> | <input type="checkbox"/> | Comprehensive Adjacent Structures | | |
| 9. Has any driver been convicted of a major traffic violation within the last three years? | <input type="checkbox"/> | <input type="checkbox"/> | Named Perils Personal Effects | | |
| | | | Comprehensive Personal Liability | | |
| | | | Lender's Interest Protection | | |

#5- #9, IF YES, EXPLAIN ON REVERSE SIDE.

BILLING INFORMATION

Agency Bill Direct Bill IF DIRECT BILL, BILL TO: Applicant Lienholder
 Down Payment \$ _____ Check Amount Enclosed \$ _____
 PROTECTION CLASS: _____ DEDUCTIBLE AMOUNT: \$ _____ TOTAL PREMIUM: \$ _____
 (Stationary Program Only)

USE THIS AREA TO EXPLAIN UNDERWRITING INFORMATION, LIST ADDITIONAL APPLICANTS OR LIENHOLDERS, AND FOR GENERAL COMMENTS OR INSTRUCTIONS.

IN RHODE ISLAND: Have you been convicted, to any degree, of the crime of arson within the last 10 years? Yes No
 Failure to disclose the existence of an Arson Conviction, when requested, shall be a misdemeanor punishable by a sentence of not more than one (1) year imprisonment.

FAIR CREDIT REPORTING ACT NOTICE: This notice is given in compliance with the Federal Credit Reporting Act (Public Law 91-508). As part of our underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SUBAGENT NAME _____ DATE _____ APPLICANT SIGNATURE _____
 X

