

# American Reliable Insurance Company

## MASSACHUSETTS TRAVELER APPLICATION

### CHECK PROGRAM APPLICABLE

- REGULAR L.O.B. #39  
 STATIONARY L.O.B. #41



**INSURANCE INNOVATORS, INC.**

PO BOX 680  
 WEST SPRINGFIELD, MA 01090  
 Phone: 413-731-1100 • Watts: 800-332-3847  
 Fax: 413-731-7403

SUSPENSE # \_\_\_\_\_

POLICY # \_\_\_\_\_

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
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**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**

1.	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"/>	<b>REGULAR PROGRAM:</b>		
2. Number of years experience pulling a trailer: _____ years.			Comprehensive Travel Trailer		
3. Approximately how many miles each year is the unit pulled? _____ miles.			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 claim in past 36 months?	<input type="checkbox"/>	<input type="checkbox"/>	<b>STATIONARY PROGRAM:</b>		
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** **DEDUCTIBLE CREDIT / DEBIT:** **MISCELLANEOUS FEES / TAXES:**

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.

**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**

**CLASSIFICATION RESPONSES**

5. \_\_\_\_\_

6. DATE OF LOSS: \_\_\_\_\_ TYPE OF LOSS: \_\_\_\_\_ AMOUNT PAID: \$ \_\_\_\_\_  
 DATE OF LOSS: \_\_\_\_\_ TYPE OF LOSS: \_\_\_\_\_ AMOUNT PAID: \$ \_\_\_\_\_

7. NAME OF COMPANY: \_\_\_\_\_ REASON: \_\_\_\_\_  
 OTHER REMARKS: \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

**UNDERWRITING GUIDELINES**

1. Trailer must be owned by individuals.
2. Trailers must be the primary or seasonal residence of the owner, or used as the owner's recreational vehicle.
3. Adjacent Structures Coverage on the Stationary Program is limited to 50% of the value of the trailer, or \$2,500, whichever is less.
4. Airstreams, Avions, and other "airplane type" trailers are acceptable. **However, a 50% surcharge will be added to the base premium.**
5. Annual Policies only.
6. Minimum Written Premium – \$50.00 per policy
7. Minimum Earned Premium – \$35.00 per policy

**INELIGIBLE RISKS**

1. Motor Homes, Mobile Homes, Home Made Trailers, and Horse Trailers.
2. Any operator that has been convicted of a major traffic violation within the past three years. MVRs are **required** on all operators for units valued at \$20,000 or more. **(Regular Program only.)**
3. Units used in Mexico.
4. Trailers used for any business activity.

**REGULAR PROGRAM**

**PACKAGE INCLUDES:**

- Comprehensive and Collision Coverage on the Travel Trailer
- Fire Department Service – Up to \$100
- Towing and Labor – Up to \$200
- Emergency Vacation Expense – Up to \$250
- First Aid Expense – Up to \$500
- Off Road Liability – \$10,000

Rates are per \$100 of Coverage	DEDUCTIBLE
All Other Losses	\$500
Collision	\$500
Trailer Coverage	\$ 1.85
Personal Effects Coverage	\$ .40

**OPTIONAL COVERAGES:**

<b>LIENHOLDER INTEREST PROTECTION:</b> (Fully Earned)	\$15.00
<b>OFF ROAD LIABILITY:</b>	
\$ 25,000	\$25.00
\$ 50,000	\$35.00
\$100,000	\$45.00
\$300,000	\$70.00

**STATIONARY PROGRAM**

**PACKAGE INCLUDES:**

- Comprehensive Coverage on the Travel Trailer
- Additional Living Expense – Up to 10% of the Travel Trailer Amount
- Fire Department Service – Up to \$100
- First Aid Expense – Up to \$500
- Comprehensive Personal Liability – \$10,000

Rates are per \$100 of Coverage	DEDUCTIBLE
All Other Losses	\$500
Trailer Coverage	\$ .85
Personal Effects Coverage	\$ .35

**OPTIONAL COVERAGES:**

<b>LIENHOLDER INTEREST PROTECTION:</b> (Fully Earned)	\$15.00
<b>ADJACENT STRUCTURES, per \$100:</b>	\$ 1.50
<b>COMPREHENSIVE PERSONAL LIABILITY:</b> (Medical Payments \$500)	
\$ 25,000	\$25.00
\$ 50,000	\$35.00
\$100,000	\$45.00
\$300,000	\$70.00