

AMERICAN RELIABLE INSURANCE COMPANY A Subsidiary of American Bankers Insurance Group MAINE & NEW HAMPSHIRE TRAVELER APPLICATION PRINT OR TYPE ALL INFORMATION!!	TYPE OF PROGRAM: <input type="checkbox"/> REGULAR L.O.B. 39 <input type="checkbox"/> STATIONARY L.O.B. 41 <hr/> 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 # _____
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APPLICANT/OWNER <input type="checkbox"/> (Check box if additional Applicant/Owner is indicated in "Remarks" section on reverse side.)			
NAME:	SOCIAL SECURITY NO.:	HOME PHONE: () ()	DATE OF BIRTH:
MAILING ADDRESS:		CITY:	STATE: ZIP:
LOCATION ADDRESS: (if different than mailing address)		CITY:	STATE: ZIP:

LIENHOLDER <input type="checkbox"/> (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					
<input type="checkbox"/> Travel Trailer		(R)	<input type="checkbox"/> Camping Trailer		(C)
<input type="checkbox"/> Fifth Wheel		(F)	<input type="checkbox"/> 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	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.			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 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		
#5- #9, IF YES, EXPLAIN ON REVERSE SIDE.			Comprehensive Personal Liability		
			Lender's Interest Protection		

BILLING INFORMATION			
<input type="checkbox"/> Agency Bill	<input type="checkbox"/> Direct Bill	IF DIRECT BILL, BILL TO:	
		<input type="checkbox"/> Applicant	<input type="checkbox"/> Lienholder
Down Payment \$ _____	Check Amount Enclosed \$ _____	PROTECTION CLASS: (Stationary Program Only) _____	DEDUCTIBLE AMOUNT: \$ _____
		TOTAL PREMIUM:	\$ _____

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, Argosys, 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	█	█	█	█	█	\$ 2.05
Personal Effects Coverage	█	█	█	█	█	\$.60

OPTIONAL COVERAGES:

LIENHOLDER INTEREST PROTECTION: (Fully Earned)	\$15.00
OFF ROAD LIABILITY:	
\$ 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	█	█	█	█	\$ 1.05
Personal Effects Coverage	█	█	█	█	\$.55

OPTIONAL COVERAGES:

LIENHOLDER INTEREST PROTECTION: (Fully Earned)	\$15.00
ADJACENT STRUCTURES, per \$100:	\$ 1.50
30 DAY TRIP COLLISION COVERAGE: (Fully Earned)	
\$ 250 Deductible	\$45.00
\$ 500 Deductible	\$35.00
\$1,000 Deductible	\$25.00
COMPREHENSIVE PERSONAL LIABILITY: (Medical Payments \$500)	
\$ 25,000	\$25.00
\$ 50,000	\$35.00
\$100,000	\$45.00
\$300,000	\$70.00