



AMERICAN MODERN INSURANCE GROUP, INC.

FLORIDA

## TRAVEL TRAILER APPLICATION

Company #  
080

Policy # \_\_\_\_\_

## SUBPRODUCER CODE

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SUBPRODUCER:

ADDRESS:

PHONE:

## AGENCY CODE

0	3	2	6	8	5
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AGENCY NAME: Ramsgate Insurance

ADDRESS: 250 East Park Avenue -- Lake Wales, FL 33853

PHONE: 800-385-2536 Fax: 800-936-6774

## APPLICANT INFORMATION

LAST FIRST MI

ADDRESS

CITY STATE ZIP

WORK PHONE

( )

HOME PHONE

( )

## LIENHOLDER INFORMATION

NAME

ADDRESS

CITY

STATE

ZIP

## JOINT OWNER

NAME

ADDRESS

CITY

STATE

ZIP

## GARAGE LOCATION (if different than address above)

STREET

CITY

STATE

ZIP

## POLICY PERIOD: 12:01 AM STANDARD TIME

EFFECTIVE

EXPIRATION

## DRIVER INFORMATION

DRIVER NUMBER	NAMES OF ALL POTENTIAL DRIVERS	BIRTH DATE MO DAY YR	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	STATE
1					
2					
3					
4					

DRIVER NUMBER	RELATION TO INSURED	MARITAL STATUS	SEX	OCCUPATION
1				
2				
3				
4				

## LIST ALL TRAFFIC LAW CONVICTIONS AND ALL ACCIDENTS (WHETHER OR NOT AT FAULT) FOR ALL DRIVERS DURING PAST 3 YEARS.

DRIVER NUMBER	TYPE OF OCCURRENCE	OCCURRENCE DATE	EXPLANATION	AT-FAULT	\$ DAMAGE	INJURY?

DESCRIPTION OF TRAVEL TRAILER		TYPE	IDENTIFICATION NUMBER	UNIT LENGTH	NEW / USED	VALUE	PURCHASE TYPE	PURCHASE DATE
YEAR	MAKE/MODEL/MODEL NUMBER							

1. Is the unit ever used in a business? If yes, please explain \_\_\_\_\_ ☐ No ☐ Yes
2. Is the unit ever rented or loaned to others? If yes, please explain \_\_\_\_\_ ☐ No ☐ Yes
3. Is the unit owned by persons residing in separate households? If yes, please explain \_\_\_\_\_ ☐ No ☐ Yes
4. Has the principle operator owned and operated travel trailers for less than 12 months? ☐ No ☐ Yes
5. Residence 6 months or more? ☐ No ☐ Yes
6. Has Insurance been cancelled, non-renewed or declined in the last 5 years? If yes, please explain \_\_\_\_\_ ☐ No ☐ Yes
7. Is the unit ever used for hauling animals? ☐ No ☐ Yes
8. Is there any broken glass or physical damage to the unit? If yes, please explain \_\_\_\_\_ ☐ No ☐ Yes
9. Is there any operator with a physical or mental impairment that would affect their ability to safely operate the unit?  
If yes, please explain \_\_\_\_\_ ☐ No ☐ Yes
10. Is this unit titled in the name of a business or corporation? If yes, please explain \_\_\_\_\_ ☐ No ☐ Yes
11. Does any operator require a Financial Responsibility Certificate(SR22)? ☐ No ☐ Yes
12. Has any driver had their driver's license suspended in the last 60 months? ☐ No ☐ Yes
13. Is the unit registered or garaged outside of the United States? ☐ No ☐ Yes
14. Is the unit held for sale or on consignment? ☐ No ☐ Yes
15. Have there been any collision, fire, liability, and/or theft loss(es) in the last 36 months OR a total loss to any vehicle?  
If yes, please explain \_\_\_\_\_ ☐ No ☐ Yes
16. Has any driver declared bankruptcy in the last 7 years? ☐ No ☐ Yes

<b>Coverages:</b>				<b>Value \$</b> _____									
1. Other Than Collision	Deductible options	<input type="checkbox"/> 100	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> _____								
2. Collision	Deductible options	<input type="checkbox"/> 100	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> _____								
3. Towing and Labor		<input type="checkbox"/> 100	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> Reasonable								
4. Personal Effects (ACV)		<input type="checkbox"/> _____	Amount \$ _____										
5. Replacement Cost Pers. Effects (Must equal PE ACV if selected)					Amount \$ _____								
6. Emergency Expense		<input type="checkbox"/> 500	<input type="checkbox"/> 750										
7. Mexico Coverage		<input type="checkbox"/> _____											
8. Settlement Options	<input type="checkbox"/> Actual Cash Value	<input type="checkbox"/> Replacement Cost		<input type="checkbox"/> Agreed Value									
9. Accidental Death & Dismemberment		<input type="checkbox"/> _____											
10. Full Timer		<input type="checkbox"/> 25/50/10	<input type="checkbox"/> 50/100/25	<input type="checkbox"/> 100/300/50	<input type="checkbox"/> _____								
11. Diminishing Deductible Options		<input type="checkbox"/> 100	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> _____								
12. Vacation Liability		<input type="checkbox"/> 10,000	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000								
13. Outstanding Principal Loan Balance		<input type="checkbox"/> _____											
14. <b>Subtotal (Coverages 3 through 13)</b>													
15. <b>Total Premium</b>													
<b>DISCOUNTS</b>				<b>SURCHARGES</b>									
Sum all Discounts and Surcharges. Apply Total Discounts/Surcharges % to coverage in Column 2 above.	Anti-Theft (Choose Only One)		Accidents & Violations						Total Discount/Surcharge %				
	<input type="checkbox"/> Alarm Only	<input type="checkbox"/> VIN	<input type="checkbox"/> Association	<input type="checkbox"/> 3 Minor Viol.	<input type="checkbox"/> 1 Acc.	<input type="checkbox"/> 2 Acc.	<input type="checkbox"/> Joint Owner	<input type="checkbox"/> Business Use Light		<input type="checkbox"/> Personal Rental	<input type="checkbox"/> Youthful Operator (Under 26)	<input type="checkbox"/> Inexperienced Operator	<input type="checkbox"/> Full Timer/Primary Residence
Coverage:	-5%	-5%	-5%	20%	50%	150%	50%	50%	100%	65%	10%	50%	
<b>BINDER</b>				<b>DIRECT BILL INFORMATION</b>									
<input type="checkbox"/> COVERAGE IS BOUND      AGENT INITIAL _____				<input type="checkbox"/> FULL PAY (100% DOWN) <input type="checkbox"/> 4 PAY (25% DOWN)				AMOUNT INCLUDED					
\$ _____ IS ATTACHED (AMOUNT TO BE NOT LESS THAN 25% OF ANNUAL PREMIUM OR \$50, WHICHEVER IS MORE.)				<input type="checkbox"/> CREDIT CARD (Attach Supplemental Form)				\$ _____					
				<input type="checkbox"/> EZPay (Attach Supplemental Form)									
<b>INSURANCE FRAUD NOTIFICATION:</b> WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.													
<b>Notice to Applicant:</b> We may make an investigation into your insurability, including securing a motor vehicle report for all persons listed on this application and, if applicable, information as to character, reputation, mode of living and credit history. Information may be obtained through personal interviews with friends, neighbors or others with whom you are acquainted. If an investigation is made it will be handled in the strictest confidence. Information as to the nature and scope of any investigation will be provided to you if you make a written request.													
<b>Applicant's Statement:</b> I declare that all of the statements contained in this application are true and complete. I hereby apply to the Company for an insurance policy as set forth in this application based on these statements. I understand that if any information is false or misleading or would materially affect acceptance of the risk by the Company, the policy will be null and void and claims denied. I understand that the policy will be void from inception if I pay my initial premium by check, and the check is not honored when presented for payment. A service charge of \$10.00 will be assessed if any check offered in payment is not honored by the bank.													
I understand that the coverage as specified in this application will not apply to a travel trailer I own while the travel trailer is used in business or rented, leased or loaned for a charge to any organization, or any person other than me, unless Business Use coverage or Personal Rental coverage is indicated on the Declarations and an additional premium is paid.													
<b>Binder Provisions:</b> If coverage is bound, the insurance afforded by this binder is subject to all provisions of the policy form as used in the state where the risk is located. This binder expires (1) effective upon notification of cancellation by you or the Company, or (2) on its effective date if replaced by a policy with the same effective date as the binder. If this binder is not replaced by a policy, the appropriate premium will be charged, but is not less than \$50.00.													
Signature of Applicant				Date				Time					
Signature of Agent				Date				Time					



Policy Number: \_\_\_\_\_

## DRIVER EXCLUSION ENDORSEMENT - FLORIDA

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You agree that any of the coverages afforded by this travel trailer policy, shall not apply to:

1. any unit described in this policy;
2. or any other unit to which coverage by this policy may be extended;

while such unit(s) is (are) being:

1. Used, or
2. Under the care, custody or control,

with or without permission, by the person named below:

**NAME OF EXCLUDED DRIVER**

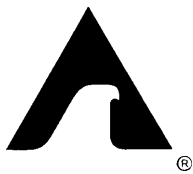
**RELATIONSHIP TO INSURED**

All other terms and conditions of this policy remain unchanged.

The Named Insured attests to acceptance of this endorsement by his (her) signature.

\_\_\_\_\_  
Signature/Acceptance of Named Insured

\_\_\_\_\_  
Date



**AMERICAN MODERN HOME INSURANCE GROUP, INC.**

**MOTOR HOME  
SUPPLEMENTAL APPLICATION**

Insured

Policy Number

**A. PERSONAL RENTAL**

How many times during the past two years was the motor home rented, leased or borrowed?

To whom	Relationship, if any	Time Known	Length of Rental	Purpose
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What instruction do you give on the operation and maintenance of your motor home?

Do you impose any restrictions on the use of your motor home?

**B. BUSINESS USE**

What is the insured's occupation or business? \_\_\_\_\_

How is the motor home used in this business? \_\_\_\_\_

Is the motor home ever rented or loaned or others for a business related purpose? \_\_\_\_\_

How many annual miles is the motor home driven for a business purpose? \_\_\_\_\_

Do customers or clients ever enter the motor home in connection with the business use? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Is there any special equipment, supplies or furnishings kept in the motor home because of business use? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

**C. JOINT OWNERSHIP**

List all the names of the joint owners and relationship, if any: \_\_\_\_\_

Please describe any ownership agreement. \_\_\_\_\_

Please describe any use agreement. \_\_\_\_\_

Where is the motor home stored? \_\_\_\_\_

Who is responsible for maintenance? \_\_\_\_\_

#### D. FULL TIMER

How many months per year is the motor home used as a residence? \_\_\_\_\_

Description of site where motor home is parked.

What State? \_\_\_\_\_

Is it: ☐ in an RV park ☐ on your privately owned land ☐ on rented land

What type of area is it in: ☐ residential ☐ rural

Distance to nearest fire hydrant \_\_\_\_\_ If no hydrant, what is nearest water source? \_\_\_\_\_

Distance to nearest responding fire department: \_\_\_\_\_

Do you maintain another residence? \_\_\_\_\_ If yes, who is your insurance carrier? \_\_\_\_\_

#### E. HIGH VALUE MOTOR HOMES

Storage information (please check those that apply):

##### Area

- ☐ Residential
- ☐ Rural
- ☐ Commercial/Industrial

##### Storage

- ☐ Inside
- ☐ Outside

##### Enclosure

- ☐ Fenced compound
- ☐ Fenced & lighted
- ☐ Neither

##### Security

- ☐ Guarded at night
- ☐ Guarded full time
- ☐ Guard dog
- ☐ Security System
- ☐ None of above
- ☐ Other (describe)

Construction information (please check those that apply):

##### Systems

- ☐ Heating
- ☐ Air Conditioning
- ☐ Water heater
- ☐ Propane tanks
- ☐ Generator

##### Appliances

- ☐ Range
- ☐ Oven
- ☐ Microwave
- ☐ Refrigerator
- ☐ Dishwasher
- ☐ Washer
- ☐ Dryer

##### Electronics

- ☐ TV (number)
- ☐ VCR
- ☐ AM/FM radio
- ☐ Cassette player
- ☐ CD Player
- ☐ CB radio
- ☐ Cellular phone
- ☐ Mobile phone
- ☐ TV antennae
- ☐ Satellite dish

##### Protection

- ☐ Smoke detector
- ☐ Fire extinguisher
- ☐ Deadbolt locks
- ☐ Burgular alarm
- ☐ Built-in safe
- ☐ Emergency road kit

##### Equipment

- ☐ Outside lights
- ☐ Skylights
- ☐ Awnings
- ☐ Backup camera/monitor
- ☐ Towing equipment
- ☐ Step extensions

Other: \_\_\_\_\_

How long have you owned this and other motor homes? \_\_\_\_\_

Please give a detailed description of any losses in the last three years? \_\_\_\_\_

Signature of Insured

Date