

AMERICAN MODERN INSURANCE GROUP, INC. FLORIDA TRAVEL TRAILER APPLICATION

Company # 080

Policy #

SUBPROD	UCERCODE						AGEN	NCY	CODE 0	3 2	2 6 8	5		
SUBPRODUCER:					AGENCY NAME: Ramsgate Insurance									
ADDRESS:							ADDF	RES	S: 25	0 East Pa	rk Avenue	- Lake Wa	iles, FL	33853
PHONE:									800-385-25		00-936-6774	4		
	IT INFORMATION	FIDOT			N.41		_	LDE	ER INFORM	MATION				
				NAME ADDRES	SS									
ADDRESS CI				CITY										
				JOINT C)WI	NER			ZIP					
				NAME										
				ADDRES CITY	SS			STATE		ZIF	P			
GARAGE LOCATION (if different than address above)					_	POLICY PE		12:01 AM S			Ε			
STREET CITY STATE ZIP					ı	EFFECTIVE			EXPIRAT	TION				
0111		017112						_						
					DRIVE	RINF	ORMATIO	N						
DRIVER NUMBER	NAMES OF ALL POTENTIAL DRIVERS	2		DATE AY YR	SC		SECURITY IBER			LICE	DRIVER'S	RER		STATE
1	FOIENTIAL DRIVERS	,	I IVIO DI	AI IN		NOW	IDEN			LICE	.NOL NOWL	JLN		STATE
2														+
3														
4														
DRIVER RELATION MARITAL NUMBER TO INSURED STATUS SEX						C	OCCUPA.	TION						
1														
2														
3						<u> </u>								
4	TRAFFIC LAW CONVICTION	ONC. AN	D ALL	A COUDE	NTC (MI	IETHE	OD NOT	A T	· FALLET \ F			NIDING I	DACTO	VEADO
DRIVER	TRAFFIC LAW CONVICTION TYPE OF	JNS AN		CURRE		1E I NEI	EXPLAN				T-FAULT	\$ DAM		INJURY?
NUMBER	OCCURRENCE			DATE	IVOL							Ψ Β/ (()	i/ (GL	ii voori i
										+		-		
										<u> </u>	ı	<u> </u>		
	TION OF TRAVEL TRAIL MAKE/MODEL/MODEL NUM		TYPE		IDENTIF NUN	FICATION IN THE PROPERTY IN TH	ON	L	UNIT ENGTH	NEW / USED	VALUE	PURCH TYP		PURCHASE DATE
	unit ever used in a business	-											□ No	☐ Yes
	unit ever rented or loaned to unit owned by persons resid					as nlaa	se evnlain						☐ No☐ No	☐ Yes ☐ Yes
4. Has the	e principle operator owned a												☐ No	☐ Yes
	nce 6 months or more? surance been cancelled, nor	n-ranawa	ad or do	olinad in	the last	5 voare	2 If yes n	lose	e evolain				☐ No☐ No	☐ Yes ☐ Yes
	init ever used for hauling an		eu or ue	Jiiileu III	lile last	o years	: II yes, pi	leas	ве ехріані				□ No	☐ Yes
	e any broken glass or physic e any operator with a physica							+0.0	andalı anara	to the uni	+0		☐ No	☐ Yes
	s, please explain		пан шира		mai would	allect	unen ability	10 8	у орега	te the uni			□ No	☐ Yes
	unit titled in the name of a b						kplain						□ No	☐ Yes
	ny operator require a Finan y driver had their driver's lic												□ No	□ Yes □ Yes
13. Is the u	nit registered or garaged ou	tside of	the Unite										☐ No	☐ Yes
15. Have th	nit held for sale or on consignere been any collision, fire,			neft loss((es) in th	e last 3	6 months C)R a	a total loss t	o any veh	nicle?		□ No	☐ Yes
	s, please explain y driver declared bankruptc	y in the	last 7 ye	ears?									□ No □ No	☐ Yes☐ Yes

Coverages:					V	alue	\$							
1. Other Than C	ollision I	Deductible op	tions		100		250			500		<u> </u>		
2. Collision	I	Deductible op	tions		100		250			500		<u> </u>		
3. Towing and L	abor				100		250		- 5	500		□ F	Reasonable	
4. Personal Effec	Personal Effects (ACV)								Am	ount \$	S			
5. Replacement	Cost Pers. Effects	(Must equal P	E ACV if selec						Amo	ount \$	6			
6. Emergency Ex	Emergency Expense				500		750							
7. Mexico Cover	. Mexico Coverage													
8. Settlement Op					☐ Agreed V									
9. Accidental De	<u> </u>													
10. Full Timer	0. Full Timer				25/50/10		50/10			100/300	0/50	<u> </u>		
11. Diminishing D	eductible Options	;			100		250			500		<u> </u>		
12. Vacation Liab	12. Vacation Liability				10,000		25,00	0		50,000		<u> </u>	00,000	
13. Outstanding F	Principal Loan Bal	ance												
14. Subtotal (Co	overages 3 thro	ugh 13)												
15. Total Premi	um													
	COUNTS Anti-Theft		A i -	1			SURC	CHARG	ES					
Sum all Discounts and Surcharges. Apply Total Discounts/Surcharges%	(Choose Only One)			dents ations										
to coverage in Column 2 above.	Alarm		3 Minor	1	2	Joint	Business	Persona		outhful	Inexperi		Full Timer/	Total Discount/
Coverage:	Only -5% -5%	Association -5%		Acc. 50%	Acc. 150%	Owner 50%	Use Light 50%	Rental		perator nder 26) 65%	Opera 10%		Primary Residence 50%	Surcharge %
	BINDER						DIR	ECT B	ILL I	NFORI	OITAN	N		
☐ COVERAGE IS BO		IITIAL			FULL PA	Y (100	% DOWN	۷) 🗖	4	PAY (2	5% DO			
														NCLUDED
S IS ATTACH		F NOT LESS TH			CREDIT	CARD	(Attach	Suppler	nenta	al Form)				
\$ IS ATTACH OF ANNUA	HED (AMOUNT TO B L PREMIUM OR \$50	E NOT LESS TH WHICHEVER IS	AN 25%		CREDIT EZPay (/		•			al Form)				
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Policy	Number:					
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DRIVER EXCLUSION ENDORSEMENT - FLORIDA

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:

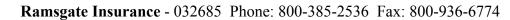
- 1. Used, or
- 2. Under the care, custody or control,

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 und	hanged.
The Named Insured attests to acceptance of this endo	rsement 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 To whom Relationship, if any Time Known	
What instruction do you give on the operation and maintenance	e 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. How many annual miles is the motor home driven for a busines. Do customers or clients ever enter the motor home in connection.	s related purpose?s purpose?s purpose?s purpose?s purpose?s purpose suse?s purpose suses s
If yes, please explain: Is there any special equipment, supplies or furnishings kept in t If yes, please describe:	the motor home because of business use?
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			
		sed as a residence?	
Description of site where m			
	V ports D on w	our prince of the second second	an rantad land
	•	our privately owned land	on rented land
	s it in:	tial	r source?
		——————————————————————————————————————	
		es, who is your insurance carrier?	
E. HIGH VALUE MOTOR I	HOMES		
Storage information (please	check those that app	oly):	
<u>Area</u>	<u>Storage</u>	<u>Enclosure</u>	<u>Security</u>
☐ Residential	Inside	Fenced compound	Guarded at night
☐ Rural	Outside	☐ Fenced & lighted	Guarded full time
☐ Commercial/Industrial		☐ Neither	Guard dog
			Security System
			None of above
			Other (describe)
			· · · · · · · · · · · · · · · · · · ·
Construction information (p			.
-	<u>Appliances</u>	Electronics	<u>Protection</u>
☐ Heating	☐ Range	☐ TV (number)	☐ Smoke detector
☐ Air Conditioning	Oven	□ VCR	☐ Fire extinguisher
☐ Water heater	☐ Microwave		☐ Deadbolt locks
☐ Propane tanks	☐ Refrigerator		☐ Burgular alarm
☐ Generator	Dishwasher	☐ CD Player	☐ Built-in safe
	☐ Washer	☐ CB radio	Emergency road kit
	☐ Dryer	☐ Cellular phone	
		☐ Mobile phone	
		☐ TV antennae	
		Satellite dish	
Equipment			
☐ Outside lights	Other:		
☐ Skylights			
☐ Awnings			
☐ Backup camera/monitor			
Dackup camera/monitor			
☐ Towing equipment			
•			
☐ Towing equipment			
☐ Towing equipment☐ Step extensions	this and other motor h	omes?	
☐ Towing equipment☐ Step extensionsHow long have you owned to		omes?in the last three years?	
☐ Towing equipment☐ Step extensions☐ How long have you owned to			
☐ Towing equipment☐ Step extensions☐ How long have you owned to			