

MINNESOTA TRAVEL TRAILER INSURANCE APPLICATION

PRODUCER CODE

89-5307-233

PRODUCER NAME DARIEN SCHAUF INSURANCE AGENCY INC

STREET ADDRESS 3470 WASHINGTN DR#103

	INSURAN	L E				CITY EAGAN	S	MN	ZIP CODE 55122-1329
REFERENCE OR 0077988094	POLICY NUMBER	1	11/28/20		TERM 1 YEARS	PHONE NUMBER (651)280-4189	FAX NUM	SESTING.	00122 1023
NAMED INS		INDIVIDUAL who is at			ve title to the vehic	cle. If title has been transfer ness in the REGISTRATIO	rred to a TRUST or a	BUSINES	S, the trust
FIRST NAME COLLEEN		Mi Mi	L/	AST	ly the trust or busi	ness in the HEGISTRATIO	OCCUPATION	"Treatme	
DATE OF BIRTH 05/08/1967	- (t) - (1/2)	MARITAL STATUS	58	MICHAELS DIAL SECURITY	NUMBER		PHONE	чимвея 425-968	96
MAILING ADDRES		1				CITY	(412)	STATE	ZIP CODE
610 2ND ST SECOND NAMED	I SVV INSURED FIRST NAME	MI				FARIBAULT		MN	55021-5814
DATE OF BIRTH	3. = = = = = =				RELATIONSHIP TO	DINSUBED	*	Fe 115-37/00	NOW, 300
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	20	1.0	100		4	19-06-2-17-1-A		STATE	ZIP CODE
DATE OF BIRTH					RELATIONSHIP TO	NSURED			
DOES TH	DLICY MUST BE TERM, WH	IOLE, OR VARIABLE UNI	IVERSAL POLIC	Y, HAVE A FACE	AMOUNT OF \$50,00	OL WEST OR 21st CENTURY 0 OR GREATER, ISSUED TO A	AN ADULT AND IN FORCE	DE.	
REGISTRAT	The po	e PERSON, the TRUS olicy does <u>not</u> provide	T, or the BUSI coverage for b	NESS entity ha usiness, profes	wing title to the vel sional or occupation	nicle. BUSINESS registrational use.	ons must be for tax pi	irposes o	nly.
REGISTRATION N COLLEEN	^{AME} MICHAELS,ROB M	IICHAELS							
IF BUSINESS, SPE	ECIFY TYPE		240					TO SECONDARY	
	FORMATION						KATALAS.		
TYPE OF UNIT: (P	lease Check)							-90	,
			5	447					j i
AUTO HAULER	☐ TRA	VEL TRAILER		TENT CAMPER	100	☑ FIFTH WHEEL		TRUCK M	OUNTED
450					ž.				
UTILITY TRAILS	WITH	MAL TRAILER H LIVING QUARTERS	977	ANIMAL TRAILE WITHOUT LIVIN		SPORT UTILITY TO WITH LIVING QUA	ARTERS	LIVING Q	TILITY WITHOUT NUARTERS
2014	KEYSTONE RV		COU	GAR FIFTH	WHEEL			ENGTH 38	
VIN TBA	Control Company		UNREPAIRED ☐ YES ☑ NO	DAMAGE	PURCHASE DATE 01/2015	PURCHASE \$25,000	Contraction 1 to 100	\$25,00	MARKET VALUE
USE: Z IPLEASURE 〔	FULL-TIMER DEULL-	TIMER STATIONARY	☐ STATIONARY	OTHER (S	SPECIFY)				
	S AND CAMPERS (INCLUDI CCEPTABLE - DO NOT BIN		CAMPERS) THAT	TARE USED IN A	ANY FULL- OR PART	TIME BU\$INESS, OCCUPATION	ON OR PROFESSIONAL	CAPACITY	1
GARAGING									
OCATION TYPE: A RESIDENTIAL	BUSINESS PROPERTY	Y RENTAL STORAG	GE 🗆 OTHER			IS THE UNIT STORED INSIDE	IN PARK? ☐ YES Ø	NO	
COMPLETE ADDR STREET	ESS BELOW IF VEHICLE IS	S GARAGED AT A LOCA		HAN THE NAME	D INSURED'S MAILI COUNT		STATE	ZIP C	ODE
LOSS HISTO	DRY			A COMP	SANA	PHARMA TO A			
DATE		TYPE	AMOUNT			DESCRIPTION	ON	c is H	
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1005WH23W									9.
Survey of the Control	OR LEASING CO	(00) (\$100 × 10) (0) (0) (0) (0)			416.73			级洲	
EASE OR LOAN N	NUMBER	NAME OF LIENHOLD	ER	STRE	ET ADDRESS	CITY		STATE	ZIP CODE
						(7)			

COVERAGE SELECTION CHECKED BOX								
☑ OTHER THAN COLLISION ACV less deductible of	The state of the s	☐ \$250	✓ \$500	☐ \$750	± \$1,000	□ \$2,000	\$	622.00
☑ COLLISION ACV less deductible of:	□\$100	□ \$250	Ø \$500	\$750	\$1,000	□ \$2,000	\$	142.00
☐ ADJACENT STRUCTURES	Amount S		-				\$	
☑ VACATION LIABILITY	☑ \$10,000	□ \$25,000	□ \$50,000		1	************	\$	5.00
☑ TRAVELINE® TOWING/ROADSIDE ASSISTANCE	2 \$100	\$250	□ \$500	☐ Reasonable E	xpense	1	\$	26.00
☑ EMERGENCY EXPENSE	Ø \$500	\$750	T\$1,000		-		\$	3.00
SCHEDULED MEDICAL BENEFITS							s	5.00
PERSONAL PROPERTY ACV less deductible of \$ 5	500	No. No.	⊘ 1 \$1,000	☐ Additional ame	ount \$	C.A.C.	S	10.00
☐ REPLACEMENT COST PERSONAL PROPERTY IS	ss deductible of	\$	2 P		2 2			10,00
\$2,000 Additional amount \$	********						S	
TOTAL LOSS REPLACEMENT COST	Man book	E april 600		E-405-	- 3300			e di
Is insured the original owner of the unit? Yes	, 		19 <u>00</u> 0000 1 <u>0-10</u> 000					
Did the insured have Total Loss Replacement with the	ne previous carri	ier (if applicable)?	☐ Yes ☐ No					
Previous carrier: ☐ FULL-TIMER LIABILITY	T #50,000	T \$100,000	7 toos oos	50500.000		- 12 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$	2-4-1
ADDITIONAL LIVING EXPENSE	☐ \$50,000 ☐ \$3,000	\$100,000	\$300,000	\$500,000			\$	(1.50.) (1.50.)
The state of the s	\$2,000	\$5,000		when Full-Timer Lia	ability is chosen	1)	\$	
THREE YEAR TENT CAMPER PROGRAM		o campers with narket value of						
S250 Deductible - Other Than Collision				\$500 Emergency	y Expense		\$	
\$1,000 Personal Property - ACV less d				\$10,000 Vacatio	n Liability			
No coverage options are available when this package is	selected and pr	remium payment w	ill be three years		and the state of t			
				TOTAL	WRITTEN F	PREMIUM	\$	813.00
REQUIRED APPLICANT INFORMATION IT IS UNLAWFUL TO KNOWINGLY FINSURANCE COMPANY FOR THE	PROVIDE F	ALSE, INCO	MPLETE, C	OR MISLEADI OR ATTEMPT	ING FACTS	DEFRAUD	ORMA THE	TION TO AN COMPANY.
IT IS UNLAWFUL TO KNOWINGLY FINSURANCE COMPANY FOR THE PENALTIES MAY INCLUDE IMPRISO In connection with this application for insuration reports or properties of the underwriting process. The insurer may obtain consumer reports or properties of the insurer may obtain consumer reports or properties of the insurer may obtain consumer reports or properties of the insurer may obtain consumer reports or properties unduly influenced by a well-by the insurer and its repressible of the application or subsequently a birth, social security number and driver's consumer reports. I further agree that the a change in policy benefits or for a replacement of the properties of the insurer and its repressible of the insurer and driver's consumer reports. I further agree that the	PROVIDE F PURPOSI PURP	FALSE, INCO E OF DEFF INES, DENIA review your cruse a third party rivileged information with respect on, use and distriction with respect on, use and distriction of the injury or illness secure and revolicy. I agree to be with third parties authorization	MPLETE, C RAUDING C AL OF INSU edit report or y in connection ation from third certain circum to all personated closure of per eptions based temporary lo iew consumer allow the insu- ty consumer in is to collect in	DR MISLEADI DR ATTEMPT RANCE, AND obtain or use an with the develo departies. The inflistances be disc al information corsonal information upon prior credition of the correction report informations of employment report informations of employment and its repre- tered and its repre- ted to the correction of the correct	ING FACTS ING TO I D CIVIL DA I credit score ipment of you formation as closed to thir illected. At you on, and your t histories for int, or the dea ion including esentatives to iurance supp nnection with	DEFRAUD MAGES. a, insurance ur insurance well as other d parties wit our request, rights to acc r persons wh ath of an imm motor vehic o share my rights or my applicat or my applicat	score score. persor hout at the insucess ar nose cruediate le recolame, attons in tion, for	or other credit nal or privileged uthorization, as urer will provide nd correct such edit information family member. rds for persons ddress, date of order to obtain my request for
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