



MINNESOTA MOTOR HOME INSURANCE APPLICATION

| | | |
|---|-------------|------------------------|
| PRODUCER CODE 89-5453-718 | | |
| PRODUCER NAME SCHMITZ, ANDREW THOMAS | | |
| STREET ADDRESS 1434 YANKEE DOODLE RD | | |
| CITY EAGAN | STATE MN | ZIP CODE 55121-1801 |

| | | | | |
|--|------------------------------|---------------|-------------------------------|------------|
| REFERENCE OR POLICY NUMBER REF 0078834309 | EFFECTIVE DATE 01/28/2020 | TERM 12 MO | PHONE NUMBER (651)456-8834 | FAX NUMBER |
|--|------------------------------|---------------|-------------------------------|------------|

NAMED INSURED Must be an INDIVIDUAL who is at least 18 years of age and have title to the vehicle. If title has been transferred to a TRUST or a BUSINESS, the trust or business may be listed as an ADDITIONAL INSURED. Identify the trust or business in the REGISTRATION NAME field below.

| | | | |
|----------------------|----|------------------|------------|
| FIRST NAME THOMAS | MI | LAST FAFINSKI | OCCUPATION |
|----------------------|----|------------------|------------|

| | | | |
|-----------------------------|----------------|------------------------|--------------------------------|
| DATE OF BIRTH **/**/1964 | MARITAL STATUS | SOCIAL SECURITY NUMBER | PHONE NUMBER (612) 865-1700 |
|-----------------------------|----------------|------------------------|--------------------------------|

| | | | |
|------------------------------------|--------------------|-------------|------------------------|
| MAILING ADDRESS 1287 200TH ST W | CITY FARMINGTON | STATE MN | ZIP CODE 55024-9712 |
|------------------------------------|--------------------|-------------|------------------------|

| | | |
|---------------------------------|----|------|
| SECOND NAMED INSURED FIRST NAME | MI | LAST |
|---------------------------------|----|------|

| | |
|---------------|-------------------------|
| DATE OF BIRTH | RELATIONSHIP TO INSURED |
|---------------|-------------------------|

OTHER OWNER RESIDING IN A DIFFERENT HOUSEHOLD

| | | |
|------------|----|------|
| FIRST NAME | MI | LAST |
|------------|----|------|

| | | | |
|-----------------|------|-------|----------|
| MAILING ADDRESS | CITY | STATE | ZIP CODE |
|-----------------|------|-------|----------|

| | |
|---------------|-------------------------|
| DATE OF BIRTH | RELATIONSHIP TO INSURED |
|---------------|-------------------------|

DOES THE INSURED HAVE ANOTHER PERSONAL LINES OR LIFE POLICY WITH FOREMOST, FARMERS, BRISTOL WEST OR 21st CENTURY? Y N
 A LIFE POLICY MUST BE TERM, WHOLE, OR VARIABLE UNIVERSAL POLICY, HAVE A FACE AMOUNT OF \$50,000 OR GREATER, ISSUED TO AN ADULT AND IN FORCE.

REGISTRATION NAME List the PERSON, the TRUST, or the BUSINESS entity having title to the vehicle. BUSINESS registrations must be for tax purposes only. The policy does not provide coverage for business, professional or occupational use.

| |
|--------------------------------------|
| REGISTRATION NAME THOMAS FAFINSKI |
|--------------------------------------|

| |
|---------------------------|
| IF BUSINESS, SPECIFY TYPE |
|---------------------------|

OPERATORS LIST ALL OPERATORS

| NAME | DATE OF BIRTH | RELATIONSHIP TO NAMED INSURED | YEARS MOTOR HOME EXPERIENCE | ACCIDENT PREVENTION COURSE DATE | DRIVER'S LICENSE NUMBER | ISSUING STATE | PERCENT OF USE |
|--------------------|---------------|-------------------------------|-----------------------------|---------------------------------|-------------------------|---------------|----------------|
| 1. THOMAS FAFINSKI | **/**/1964 | Insured | 38 | | *****1212 | MN | 50 |
| 2. AMY FAFINSKI | **/**/1965 | Resident - Related | 38 | | *****1617 | MN | 50 |
| 3. | | | | | | | |

ACCIDENTS OR VIOLATIONS

HAS ANY OPERATOR BEEN CONVICTED OF A MOVING VIOLATION OR HAD AN ACCIDENT (REGARDLESS OF FAULT OR TYPE OF VEHICLE DRIVEN) WITHIN THE PAST 3 YEARS? Y N
 IF YES, PROVIDE DETAILS BELOW OR IN "REMARKS".

| OPERATOR # | ACCIDENT/VIOLATION | | ACCIDENT | | | PLACE (CITY-STATE) | DESCRIPTION |
|------------|--|------|---|---|---------------------------|--------------------|-------------|
| | (SPECIFY) | DATE | AT-FAULT | BODILY INJURY | AMOUNT OF PROPERTY DAMAGE | | |
| | <input type="checkbox"/> ACC <input type="checkbox"/> VIOL | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | \$ | | |
| | <input type="checkbox"/> ACC <input type="checkbox"/> VIOL | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | \$ | | |
| | <input type="checkbox"/> ACC <input type="checkbox"/> VIOL | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | \$ | | |

VEHICLE INFORMATION

| |
|---|
| UNIT TYPE: <input checked="" type="checkbox"/> CLASS A <input type="checkbox"/> CLASS B <input type="checkbox"/> CLASS C <input type="checkbox"/> LUXURY COACH <input type="checkbox"/> MEDIUM DUTY TOW TRUCK |
|---|

| | | | |
|--------------|--------------|---------------------|--------------------------|
| YEAR 1998 | LENGTH 32 | MAKE NATIONAL RV | MODEL TROPICAL SERIES |
|--------------|--------------|---------------------|--------------------------|

| | | | | |
|--------------------------|---------------------|--------------------------|----------------------------|----------------------------------|
| VIN 3FCMF53G8VJA27152 | ANNUAL MILEAGE 0 | PURCHASE DATE 06/2000 | PURCHASE PRICE \$35,000 | CURRENT MARKET VALUE \$19,995 |
|--------------------------|---------------------|--------------------------|----------------------------|----------------------------------|

| | |
|--|--|
| SAFETY EQUIPMENT (CHECK THOSE THAT APPLY): <input checked="" type="checkbox"/> ANTI-LOCK BRAKES <input type="checkbox"/> AIRBAGS | UNREPAIRED DAMAGE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
|--|--|

| |
|--|
| USE: <input checked="" type="checkbox"/> PLEASURE <input type="checkbox"/> FULL-TIMER <input type="checkbox"/> OTHER (SPECIFY) _____ |
|--|

NOTE: MOTOR HOMES THAT ARE RENTED, LEASED OR LOANED TO OTHERS FOR A CHARGE OR FEE, OR MOTOR HOMES THAT ARE USED IN ANY FULL- OR PART-TIME BUSINESS, OCCUPATION OR PROFESSIONAL CAPACITY, ARE UNACCEPTABLE - DO NOT BIND OR SUBMIT.

GARAGING

LOCATION TYPE: RESIDENTIAL BUSINESS PROPERTY RENTAL STORAGE OTHER IS THE UNIT STORED INSIDE? Y N

COMPLETE ADDRESS BELOW IF VEHICLE IS GARAGED AT A LOCATION OTHER THAN THE NAMED INSURED'S MAILING ADDRESS.
 STREET CITY COUNTY STATE ZIP CODE

REGISTRATION ADDRESS IF DIFFERENT THAN GARAGING ADDRESS

STREET CITY STATE ZIP CODE

LOSS HISTORY

| DATE | TYPE | AMOUNT | DESCRIPTION |
|------|------|--------|-------------|
| | | | |
| | | | |

LOSS PAYEE OR LEASING COMPANY

LEASE OR LOAN NUMBER NAME OF LIENHOLDER STREET ADDRESS CITY STATE ZIP CODE

COVERAGE SELECTION CHECKED BOXES INDICATE SELECTED COVERAGES

| | | |
|---|---|------------------|
| <input checked="" type="checkbox"/> BODILY INJURY | <input type="checkbox"/> \$30/60 <input type="checkbox"/> \$50/100 <input checked="" type="checkbox"/> \$100/300 <input type="checkbox"/> \$300/500 <input type="checkbox"/> \$500/500 <input type="checkbox"/> \$500/1,000 <input type="checkbox"/> \$1,000/1,000 | \$ 115.00 |
| <input checked="" type="checkbox"/> PROPERTY DAMAGE | <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input checked="" type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 | \$ 35.00 |
| <input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION* | <input type="checkbox"/> COMBINED PERSONAL INJURY PROTECTION* (Combined PIP is available only when you have a second vehicle on this policy or any other policy which is covered for PIP) * See Form 2258 for Rejection of Work Loss Benefits if you are age 65 and older or age 60 or older who is retired and receiving a Pension | \$ 39.00 |
| <input checked="" type="checkbox"/> UNINSURED MOTORISTS BODILY INJURY | <input type="checkbox"/> \$30/60 <input type="checkbox"/> \$50/100 <input checked="" type="checkbox"/> \$100/300 <input type="checkbox"/> \$300/500 <input type="checkbox"/> \$500/500 <input type="checkbox"/> \$500/1,000 <input type="checkbox"/> \$1,000/1,000 | \$ 18.00 |
| <input checked="" type="checkbox"/> UNDERINSURED MOTORISTS BODILY INJURY | <input type="checkbox"/> \$30/60 <input type="checkbox"/> \$50/100 <input checked="" type="checkbox"/> \$100/300 <input type="checkbox"/> \$300/500 <input type="checkbox"/> \$500/500 <input type="checkbox"/> \$500/1,000 <input type="checkbox"/> \$1,000/1,000 | \$ 15.00 |
| <input type="checkbox"/> OTHER THAN COLLISION ACV less deductible of: | <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000 | \$ |
| <input type="checkbox"/> COLLISION ACV less deductible of: | <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000 | \$ |
| <input type="checkbox"/> ADJACENT STRUCTURES | Amount \$ _____ | \$ |
| <input type="checkbox"/> VACATION LIABILITY | <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 | \$ |
| <input checked="" type="checkbox"/> TRAVELINE® TOWING/ROADSIDE ASSISTANCE | <input type="checkbox"/> \$100 <input checked="" type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> Reasonable Expense | \$ 36.00 |
| <input type="checkbox"/> EMERGENCY EXPENSE | <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 | \$ |
| <input type="checkbox"/> SCHEDULED MEDICAL BENEFITS | | \$ |
| <input type="checkbox"/> PERSONAL PROPERTY ACV less deductible of \$ _____ | <input type="checkbox"/> \$1,000 <input type="checkbox"/> Additional amount of \$ _____ | \$ |
| <input type="checkbox"/> REPLACEMENT COST PERSONAL PROPERTY less deductible of \$ _____ | <input type="checkbox"/> \$2,000 <input type="checkbox"/> Additional amount \$ _____ | \$ |
| <input type="checkbox"/> TOTAL LOSS REPLACEMENT COST | Is insured the original owner of the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the insured have Total Loss Replacement with the previous carrier (if applicable)? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous carrier: _____ | \$ |
| <input type="checkbox"/> FULL-TIMER LIABILITY | <input type="checkbox"/> \$25/50 <input type="checkbox"/> \$50/100 <input type="checkbox"/> \$100/300 <input type="checkbox"/> \$300/500 <input type="checkbox"/> \$500/500 <input type="checkbox"/> \$500/1,000 <input type="checkbox"/> \$1,000/1,000 Limit equals Bodily Injury Liability limit | \$ |
| <input type="checkbox"/> ADDITIONAL LIVING EXPENSE | <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000 (Available only when Full-Timer Liability is chosen) | \$ |
| TOTAL WRITTEN PREMIUM | | \$ 258.00 |

Remarks:

REQUIRED APPLICANT INFORMATION APPLICANT MUST COMPLETE, SIGN AND DATE THIS APPLICATION.

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES.

In connection with this application for insurance, we will review your credit report or obtain or use a credit score, insurance score or other credit information as part of the underwriting process. We may use a third party in connection with the development of your insurance score.

The insurer may obtain consumer reports or personal or privileged information from third parties. The information as well as other personal or privileged information subsequently collected by the insurer or your agent may in certain circumstances be disclosed to third parties without authorization, as permitted by law. You have the right of access and correction with respect to all personal information collected. At your request, the insurer will provide you with more detailed information regarding the collection, use and disclosure of personal information, and your rights to access and correct such information. Upon request, we may provide reasonable underwriting exceptions based upon prior credit histories for persons whose credit information is unduly influenced by expenses related to a catastrophic injury or illness, temporary loss of employment, or the death of an immediate family member. (72A. 20 Subd. 36 (b) and (f).)

- I agree to allow the insurer and its representatives to secure and review consumer report information including motor vehicle records for persons listed in the application or subsequently added to the policy. I agree to allow the insurer and its representatives to share my name, address, date of birth, social security number and driver's license number with third party consumer reporting and insurance support organizations in order to obtain consumer reports. I further agree that the purpose of this authorization is to collect information in connection with my application, for my request for a change in policy benefits or for a replacement policy I may request. I understand that this authorization will remain in effect as long as I am continually insured with the insurer unless I revoke it.
- The selections indicated above accurately reflect the limits, coverages and deductibles I chose.
- I understand that the coverage provided, as specified by this application, with respect to a Motor Home I own does not provide Liability, Medical Payments or Coverage For Damage To Your Motor Home while the Motor Home is rented, leased or loaned for a charge to any person other than me.

APPLICANT SIGNATURE  DATE 2/15/20 TIME 1:00 AM PM

REQUIRED PRODUCER INFORMATION

By signing this application, I certify that I am both licensed by the state and appointed by Foremost to write this specific line of business.

PRODUCER SIGNATURE  Andrew Thomas Schmitz DATE 01/28/2020 TIME AM PM

PRODUCER NAME (Print) Andrew Thomas Schmitz PRODUCER LICENSE NO. null COVERAGE BOUND? YES NO

PAYMENT PLANS COLLECT FULL PAYMENT OR DOWN PAYMENT BEFORE CALLING TO REQUEST COVERAGE

| | | | | | |
|---|--------------------------------|--------------------------------|--------------------------------|--------------|-------------|
| <input checked="" type="checkbox"/> FULL PAYMENT | <input type="checkbox"/> 2 PAY | <input type="checkbox"/> 4 PAY | <input type="checkbox"/> _____ | DOWN PAYMENT | BALANCE DUE |
| A Service Fee will be included in each installment payment other than full-payment. | | | | \$ | \$ |

Form 210022 10/18

PERSONAL INJURY PROTECTION COVERAGE - REJECTION WORK LOSS BENEFITS - MINNESOTA

REJECTION OF WORK LOSS BENEFIT (For Ages 65 and Older or Age 60 or Older Who Are Retired and Receiving a Pension)

Individual named insureds, age 65 or older, or those that are age 60 or older who are retired and receiving a pension, have the option to exclude work loss benefits on themselves and on his or her family members who are age 65 or older, or age 60 or older who are retired and receiving a pension.

Check the appropriate selection below, sign and date.

- If this option is selected, work loss will not be provided for the "named insured", age 65 or older, or age 60 or older if retired and receiving a pension.
- If this option is selected, work loss will not be provided for the "named insured" and any "family member" age 65 or older, or age 60 or older who are retired and receiving a pension.

I acknowledge that I have been offered the option to exclude the Work Loss Benefit under Personal Injury Protection and have selected the option indicated above.

I understand the selection made above will remain in effect until revoked by the "named insured".

SIGNATURE OF APPLICANT OR NAMED INSURED Not Applicable DATE _____

APPLICANT OR NAMED INSURED (Please print) _____ POLICY NUMBER _____

2258 09/10

Minnesota Motor Home Surcharge Disclosure Statement

The following are examples of the way Foremost Insurance Company Grand Rapids, Michigan currently surcharges traffic violations on your policy:

| | | |
|---|-----------------------|-------|
| Minor violations: | 1st occurrence | + 0% |
| First chargeable "At-Fault" accident: | 1st occurrence | + 10% |
| Minor violations and additional "At-Fault" accidents: | 2nd occurrences | + 20% |
| | 3rd occurrences | + 30% |
| | 4th occurrences | + 40% |
| Major violations: | + 90% each occurrence | |

Surcharges apply to the following coverages: Bodily Injury, Property Damage, Personal Injury Protection, Other Than Collision and Collision.

The experience period shall be the three years immediately preceding the date of application or the preparation of the renewal.

The surcharge for minor violations applies to each violation after the first occurrence. The surcharge for major violations applies to each occurrence.

Definitions

Minor Violations:

- All Moving Violations not listed as Major Violations
- At-Fault Accidents

Major Violations:

- Driving while in an intoxicated condition or under the influence of drugs, and also includes a driver's license record entry of "implied consent";
- Failure to stop and report when involved in an accident;
- A felony involving the use of a motor vehicle;
- Driving a motor vehicle in a reckless manner which results in an injury to a person; and
- Driving a motor vehicle during the period of time the driver's license is suspended or revoked.

Accidents for which no surcharge is made include:

- A collision loss where 80% or more of the loss is recovered through subrogation;
- The motor vehicle was damaged through being struck while being lawfully parked. A motor vehicle rolling from a parked position, or a door opened into traffic causing an accident, is not considered being lawfully parked.
- The insured or other driver of the motor vehicle has been paid by the other party, or has a judgment against the other party in the accident.
- The accident was one in which the damage was caused by the motor vehicle being rear-ended by another motor vehicle, unless the driver of the struck motor vehicle has been convicted of a moving traffic violation in conjunction with the accident.
- The driver of the other motor vehicle in the accident has been convicted of a moving violation in conjunction with the accident, and the driver of the insured motor vehicle has not been convicted of a moving violation in conjunction with the accident.
- The insured motor vehicle was damaged by contact with a "hit-and-run" vehicle, if this contact is reported to the police, highway patrol, or sheriff within 24 hours after discovery.
- The accident results in an amount being paid under Personal Injury Protection or Additional Personal Injury Protection and no payment is made under the Liability or Collision Coverage.

Below are examples that illustrate how Foremost Insurance Company Grand Rapids, Michigan surcharges the motor vehicle premium(s) as a result of "at fault" accidents.

One motor home insured

| Coverage | Premium with no accidents or one "at fault" accident | Premium including surcharge for two "at fault" accidents |
|---|--|--|
| Bodily Injury, Property Damage | \$ 80 | \$ 96 |
| Uninsured Motorist or Underinsured Motorist | 5 | 5 |
| Personal Injury Protection | 40 | 48 |
| Comprehensive | 25 | 30 |
| Collision | 50 | 60 |
| Total Premium | \$200 | \$239 |

Note: Premiums shown are for illustrative purposes only. They do not reflect actual premiums charged.

**NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN
INSOLVENCY UNDER THE MINNESOTA INSURANCE
GUARANTY ASSOCIATION LAW**

The financial strength of your insurer is one of the most important things for you to consider when determining from whom to purchase a property or liability insurance policy. It is your best assurance that you will receive the protection for which you purchased the policy. If your insurer becomes insolvent, you may have protection from the Minnesota Insurance Guaranty Association as described below but to the extent that your policy is not protected by the Minnesota Insurance Guaranty Association or if it exceeds the guaranty association's limits, you will only have the assets, if any, of the insolvent insurer to satisfy your claim.

Residents of Minnesota who purchase property and casualty or liability insurance from insurance companies licensed to do business in Minnesota are protected, **SUBJECT TO LIMITS AND EXCLUSIONS**, in the event the insurer becomes insolvent. This protection is provided by the Minnesota Insurance Guaranty Association.

Minnesota Insurance Guaranty Association
7600 Parklawn Avenue #460
Edina, Minnesota 55435
(852) 831-1908

The maximum amount that the Minnesota Insurance Guaranty Association will pay in regard to a claim under all policies issued by the same insurer is limited to \$300,000. This limit does not apply to worker's compensation insurance. Protection by the Guaranty Association is subject to other substantial limitations and exclusions. If your claim exceeds the Guaranty Association's limits you may still recover a part or all of that amount from the proceeds from the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The Guaranty Association assesses insurers licensed to sell property & casualty insurance or liability insurance in Minnesota after the insolvency occurs. Claims are paid from the assessment.

THE PROTECTION PROVIDED BY THE GUARANTY ASSOCIATION IS NOT A SUBSTITUTE FOR USING CARE IN SELECTING INSURANCE COMPANIES THAT ARE WELL MANAGED AND FINANCIALLY STABLE. IN SELECTING AN INSURANCE COMPANY OR POLICY, YOU SHOULD NOT RELY ON PROTECTION BY THE GUARANTY ASSOCIATION.

THIS NOTICE IS REQUIRED BY MINNESOTA STATE LAW TO ADVISE POLICYHOLDERS OF PROPERTY AND CASUALTY INSURANCE POLICIES OF THEIR RIGHTS IN THE EVENT THEIR INSURANCE CARRIER BECOMES INSOLVENT. THIS NOTICE IN NO WAY IMPLIES THAT THE COMPANY CURRENTLY HAS ANY TYPE OF FINANCIAL PROBLEMS. ALL PROPERTY AND CASUALTY INSURANCE POLICIES ARE REQUIRED TO PROVIDE THIS NOTICE.