

MINNESOTA TRAVEL TRAILER INSURANCE APPLICATION

| PRODUCER CODE 89-5453-719 | | |
|--|-------|----------|
| PRODUCER NAME SCHMITZ,ANDREW THOMAS | | |
| STREET ADDRESS 1434 YANKEE DOODLE RD | | |
| CITY | STATE | ZIP CODE |

| | | | APPI | LICATION | | STREET ADDRE | ESS KEE DOODLE R | .D | | |
|-------------------------------|---------------|--|----------------------------------|-------------------------------------|--|---------------------------------------|-------------------------------|----------------------|--------------|-----------------|
| | | | | | | CITY EAGAN | | STATE MN | zıı 55121 | P CODE -1801 |
| REFERENCE OR 0079102064 | | 3 | 05/15/2 | | TERM 1 YEARS | PHONE NUMBE (651)456-8 | | FAX NUMBER | | |
| NAMED INS | URED Mu | st be an INDIVIDUAL who is ousiness may be listed as an | at least 18 ye ADDITIONAL | ars of age and h | nave title to the vehic | cle. If title has be | een transferred to a T | RUST or a BUSIN | ESS, the tru | ust |
| FIRST NAME JERAMIE | | MI | | LAST PETERSO | | | OCCUF | | | |
| DATE OF BIRTH | | MARITAL STATUS | 5 | SOCIAL SECURIT | | | | PHONE NUMBE | R | |
| **/**/1980 | | | | | | OIT) (| | (612) 483-7 | | 0005 |
| 7140 134Th | | | | | | CITY MILAC | CA | STAT MN | | CODE 3-4032 |
| SECOND NAMED | INSURED FIRST | NAME MI | | | | LAST | | | | |
| DATE OF BIRTH | | | | | RELATIONSHIP TO | O INSURED | | | | |
| OTHER OW | NER RESID | ING IN A DIFFERENT H | OUSEHOLD |) | | | | | | |
| FIRST NAME | | MI | | | | LAST | | | | |
| MAILING ADDRES | SS | | | | | CITY | | STAT | E ZIP | CODE |
| DATE OF BIRTH | | | | | RELATIONSHIP TO | O INSURED | | | | |
| | | | | | | | | | | |
| | | E ANOTHER PERSONAL LINES TERM, WHOLE, OR VARIABLE U | JNIVERSAL PO | LICY, HAVE A FAC | E AMOUNT OF \$50,00 | 00 OR GREATER, | ISSUED TO AN ADULT | AND IN FORCE. | | |
| REGISTRAT | | List the PERSON, the TRI The policy does <u>not</u> provice | JST, or the BU le coverage fo | JSINESS entity or business, prof | having title to the ve essional or occupati | ehicle. BUSINES ional <i>use</i> . | S registrations <i>must</i> i | be for tax purpose | s only. | |
| REGISTRATION N JERAMIE & | | PETERSON | | | | | | | | |
| IF BUSINESS, SPI | ECIFY TYPE | | | | | | | | | |
| VEHICLE IN | FORMATIO | N | | | | | | | | |
| YEAR | MAKE | · N | MOI | | | | | LENGT | | |
| 2009 | JAYCO | | | CTANE SER | PURCHASE DATE | - 1 | PURCHASE PRICE | 20 | NT MARKET | |
| VIN 1UJBJ02PX | (91VY0090 | | YES 2 | | 05/2020 | 1 | 7500 | 750 0 | | VALUE |
| USE: | ☐ FULL-TIMER | ☐ FULL-TIMER STATIONARY | ☐ STATION/ | ARY □ OTHER | (SPECIFY) | | | | | |
| NOTE: TRAILER | S AND CAMPERS | S (INCLUDING TRUCK-MOUNTE O NOT BIND OR SUBMIT. | _ | | | T-TIME BUSINESS | S, OCCUPATION OR PRO | OFESSIONAL CAPA | ZITY | |
| GARAGING | | | | | | | | | | |
| LOCATION TYPE: ☑ RESIDENTIAL | BUSINESS | PROPERTY RENTAL STOR | RAGE 🔲 OTI | HER | IS THE UNIT STORED INSIDE? ☐ YES ☑ NO | | | IN PARK? ☐ YES ☑ NO | | |
| COMPLETE ADDR | RESS BELOW IF | VEHICLE IS GARAGED AT A LO | OCATION OTHE | R THAN THE NAI | MED INSURED'S MAIL | ING ADDRESS. | | | P CODE | |
| | ~~~ | | | | | | | | | |
| LOSS HISTO | | TYPE | AMOUN' | т | | | DESCRIPTION | | | |
| DAIL | | TIFE | AWOON | ' | | | DESCRIPTION | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| LOSS PAYE | | SING COMPANY NAME OF LIENHO | I DER | ет | REET ADDRESS | | CITY | ST/ | TE 71D | CODE |
| LEAGE ON LOAN | TIOWIDE 1 | NAME OF LIENTO | LULII | 31 | TILLI ADDIILOO | | 0111 | 31/ | | |

| COVERAGE SELECTION CHECKED BOXE | | ELECTED COV | /EBAGES | | | | | |
|--|--|--|--|---|---|--|--|---|
| ☑ OTHER THAN COLLISION ACV less deductible of | | \$250 | \$500 | \$ 750 | \$1,000 | \$2,000 | \$ | 276.00 |
| COLLISION ACV less deductible of: | \$100 \$5,000 | □ \$250 | □ \$500 | \$750 | 2 \$1,000 | \$2,000 | \$ | 39.00 |
| ADJACENT STRUCTURES | Amount \$ | | | | | | \$ | |
| ☑ VACATION LIABILITY | \$10,000 \$500,000 | \$25,000 | \$50,000 | \$100,000 | □\$300,000 | | \$ | 25.00 |
| ☑ TRAVELINE® TOWING/ROADSIDE ASSISTANCE | □ \$100 | □ \$250 | ☑ \$500 | Reasonable | Expense | | \$ | 40.00 |
| ☑ EMERGENCY EXPENSE | ☑ \$500 | \$750 | 1 \$1,000 | | | | \$ | 3.00 |
| ☑ SCHEDULED MEDICAL BENEFITS | | | | | | | \$ | 5.00 |
| PERSONAL PROPERTY ACV less deductible of \$ 1000 | | | | | | | \$ | 30.00 |
| ☐ REPLACEMENT COST PERSONAL PROPERTY le ☐ \$2,000 ☐ Additional amount \$ | ss deductible of \$ | 3 | | | | | \$ | |
| TOTAL LOSS REPLACEMENT COST | | | | | | | | |
| Is insured the original owner of the unit? | □No | | | | | | | |
| Did the insured have Total Loss Replacement with the | he previous carrie | er (if applicable)? | ☐ Yes ☐ No | | | | | |
| Previous carrier: | | | | | | | \$ | |
| ☐ FULL-TIMER LIABILITY | □ \$25,000 | \$50,000 | □ \$100,000 | \$300,000 | \$500,000 | | \$ | |
| ADDITIONAL LIVING EXPENSE | □ \$2,000 | \$5,000 | (Available only | when Full-Timer L | iability is chosen) | | \$ | |
| | | | | TOTAL | . WRITTEN PR | REMIUM | \$ | 418.00 |
| REQUIRED APPLICANT INFORMATION IT IS UNLAWFUL TO KNOWINGLY | APPLICANT I | MUST COMPLE | ETE, SIGN ANI | D DATE THIS A | | | | |
| INSURANCE COMPANY FOR THE PENALTIES MAY INCLUDE IMPRISOR In connection with this application for insure information as part of the underwriting proced. The insurer may obtain consumer reports or information subsequently collected by the irpermitted by law. You have the right of accessyou with more detailed information regarding information. Upon request, we may provide its unduly influenced by expenses related to a (72A. 20 Subd. 36 (b) and (f).) 1. I agree to allow the insurer and its represisted in 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 repless. | E PURPOSE DNMENT, FI ance, we will ss. We may upersonal or prinsurer or your ss and correcting the collection reasonable und a catastrophic in sentatives to sended to the policiense number apurpose of the accement policiense. | TOF DEFFINES, DENIA review your or se a third part ivileged inform agent may in on with respect on, use and dis derwriting exce injury or illness secure and rev olicy. I agree to or with third part is authorizatio | MPLETE, CRAUDING CAL OF INSU edit report or y in connection ation from third certain circum to all personations based as, temporary lowiew consumer of allow the insurty consumer in is to collect in the collection of the consumer of the co | DR MISLEAD DR ATTEMP IRANCE, AN obtain or use in with the deve d parties. The instances be di al information or resonal informa upon prior cre isses of employm in report informa urer and its representing and in information in of | DING FACTS PTING TO DI ID CIVIL DAN a credit score, lopment of your information as wisclosed to third collected. At you tion, and your ri dit histories for pent, or the death attion including in presentatives to separate support | EFRAUE MAGES. insurance insurance ell as othe parties w in request, ights to ac persons w n of an imn notor vehic share my rt organiza my applica | score or score. r personal ithout author the insurer cess and chose credinediate familiar records name, additions in ordition, for my | other credit or privileged orization, as r will provide correct such t information nily member. s for persons ress, date of der to obtain y request for |
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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 <u>maximum amount</u> 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.

2527 12/16