



# MINNESOTA TRAVEL TRAILER INSURANCE APPLICATION

PRODUCER CODE 89-5307-233		
PRODUCER NAME M J MCPHERSON INSURANCE AGENCY INC		
STREET ADDRESS 3470 WASHINGTN DR#103		
CITY EAGAN	STATE MN	ZIP CODE 55122-1329

REFERENCE OR POLICY NUMBER 0077186706	EFFECTIVE DATE 12/27/2017	TERM 1 YEARS	PHONE NUMBER (651)280-4189	FAX NUMBER
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**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 KATHLEEN	MI	LAST MCGINNIS	OCCUPATION
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DATE OF BIRTH 05/09/1960	MARITAL STATUS M	SOCIAL SECURITY NUMBER	PHONE NUMBER (507) 384-1565
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MAILING ADDRESS 8480 180TH ST W	CITY FARIBAULT	STATE MN	ZIP CODE 55021-7424
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SECOND NAMED INSURED FIRST NAME Daniel	MI	LAST MCGINNIS
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DATE OF BIRTH 12-04-1957	RELATIONSHIP TO INSURED husband
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**OTHER OWNER RESIDING IN A DIFFERENT HOUSEHOLD**

FIRST-NAME	MI	LAST
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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DATE OF BIRTH	RELATIONSHIP TO INSURED
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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 DAN MCGINNIS, KATHLEEN MCGINNIS
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IF BUSINESS, SPECIFY TYPE

**VEHICLE INFORMATION**

TYPE OF UNIT: (Please Check)

<input type="checkbox"/> AUTO HAULER	<input checked="" type="checkbox"/> TRAVEL TRAILER	<input type="checkbox"/> TENT CAMPER	<input type="checkbox"/> FIFTH WHEEL	<input type="checkbox"/> TRUCK MOUNTED
<input type="checkbox"/> UTILITY TRAILER	<input type="checkbox"/> ANIMAL TRAILER WITH LIVING QUARTERS	<input type="checkbox"/> ANIMAL TRAILER WITHOUT LIVING QUARTERS	<input type="checkbox"/> SPORT UTILITY TRAILER WITH LIVING QUARTERS	<input type="checkbox"/> SPORT UTILITY WITHOUT LIVING QUARTERS

YEAR 2018	MAKE CUSTOM	MODEL Ice Castle GLACIER ICE HOUSE	LENGTH 14
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VIN 5TJBE2217JMO20841	UNREPAIRED DAMAGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PURCHASE DATE 12/2017	PURCHASE PRICE \$10,999	CURRENT MARKET VALUE \$10,999
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USE:  
 PLEASURE  FULL-TIMER  FULL-TIMER STATIONARY  STATIONARY  OTHER (SPECIFY) \_\_\_\_\_  
 NOTE: TRAILERS AND CAMPERS (INCLUDING TRUCK-MOUNTED CAMPERS) THAT ARE USED IN ANY FULL- OR PART-TIME BUSINESS, OCCUPATION OR PROFESSIONAL CAPACITY ARE UNACCEPTABLE - DO NOT BIND OR SUBMIT.

**GARAGING**

LOCATION TYPE: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> BUSINESS PROPERTY <input type="checkbox"/> RENTAL STORAGE <input type="checkbox"/> OTHER	IS THE UNIT STORED INSIDE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IN PARK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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COMPLETE ADDRESS BELOW IF VEHICLE IS GARAGED AT A LOCATION OTHER THAN THE NAMED INSURED'S MAILING ADDRESS. STREET	CITY	COUNTY	STATE	ZIP CODE
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**LOSS HISTORY**

DATE	TYPE	AMOUNT	DESCRIPTION

**LOSS PAYEE OR LEASING COMPANY**

LEASE OR LOAN NUMBER TBA	NAME OF LIENHOLDER ONE CREDIT UNION	STREET ADDRESS 11465 ROBINSON DR NW	CITY COON RAPIDS	STATE MN	ZIP CODE 55433
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COVERAGE SELECTION CHECKED BOXES INDICATE SELECTED COVERAGES								
<input checked="" type="checkbox"/> OTHER THAN COLLISION	ACV less deductible of:	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input checked="" type="checkbox"/> \$500	<input type="checkbox"/> \$750	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000	\$ 46.00
<input checked="" type="checkbox"/> COLLISION	ACV less deductible of:	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input checked="" type="checkbox"/> \$500	<input type="checkbox"/> \$750	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000	\$ 42.00
<input type="checkbox"/> ADJACENT STRUCTURES	Amount \$							\$
<input checked="" type="checkbox"/> VACATION LIABILITY		<input checked="" type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000				\$ 5.00
<input checked="" type="checkbox"/> TRAVELINE® TOWING/ROADSIDE ASSISTANCE		<input checked="" type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> Reasonable Expense			\$ 26.00
<input checked="" type="checkbox"/> EMERGENCY EXPENSE		<input checked="" type="checkbox"/> \$500	<input type="checkbox"/> \$750	<input type="checkbox"/> \$1,000				\$ 3.00
<input checked="" type="checkbox"/> SCHEDULED MEDICAL BENEFITS							\$ 5.00	
<input type="checkbox"/> PERSONAL PROPERTY	ACV less deductible of \$			<input type="checkbox"/> \$1,000	<input type="checkbox"/> Additional amount \$			\$
<input checked="" type="checkbox"/> REPLACEMENT COST PERSONAL PROPERTY	less deductible of \$	500						\$ 60.00
<input checked="" type="checkbox"/> \$2,000	<input checked="" type="checkbox"/> Additional amount \$		3,000					
<input type="checkbox"/> TOTAL LOSS REPLACEMENT COST								\$
Is insured the original owner of the unit? <input checked="" 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"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000			\$
<input type="checkbox"/> ADDITIONAL LIVING EXPENSE		<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$5,000	(Available only when Full-Timer Liability is chosen)				\$
<b>THREE YEAR TENT CAMPER PROGRAM (Limited to campers with a recent purchase price or current market value of \$3,501 - \$12,000)</b>								
\$250 Deductible - Other Than Collision and Collision Coverage (ACV)				\$500 Emergency Expense				\$
\$1,000 Personal Property - ACV less deductible of \$250				\$10,000 Vacation Liability				
No coverage options are available when this package is selected and premium payment will be three years, prepaid.								
<b>TOTAL WRITTEN PREMIUM</b>							\$	187.00

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).)

1. 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.

2. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.

APPLICANT SIGNATURE *Kathy M. Dennis* DATE *12-01-18* TIME *6:00*  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 *Darien DeClan Schauf* DATE *12/28/2017* TIME  AM  PM

PRODUCER NAME (Print) *Darien DeClan Schauf* PRODUCER LICENSE NO. \_\_\_\_\_ COVERAGE BOUND?  YES  NO

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

FULL PAYMENT  2 PAY  4 PAY  \_\_\_\_\_  
 An installment fee will be included in each installment payment other than full payment.

DOWN PAYMENT \$ \_\_\_\_\_ BALANCE DUE \$ \_\_\_\_\_