



MINNESOTA TRAVEL TRAILER INSURANCE APPLICATION

PRODUCER CODE 89-5453-719		
PRODUCER NAME SCHMITZ, ANDREW THOMAS		
STREET ADDRESS 3470 WASHINGTN DR#103		
CITY EAGAN	STATE MN	ZIP CODE 55122-1329

REFERENCE OR POLICY NUMBER 0078644467	EFFECTIVE DATE 09/17/2019	TERM 1 YEARS	PHONE NUMBER (702)378-3414	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 LOWELL	MI	LAST MEIER	OCCUPATION
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DATE OF BIRTH **/**/1956	MARITAL STATUS	SOCIAL SECURITY NUMBER	PHONE NUMBER (507) 425-2009
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MAILING ADDRESS 2610 STATE HIGHWAY 62	CITY FULDA	STATE MN	ZIP CODE 56131-4454
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SECOND NAMED INSURED FIRST NAME	MI	LAST
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DATE OF BIRTH	RELATIONSHIP TO INSURED
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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 LOWELL MEIER

IF BUSINESS, SPECIFY TYPE

VEHICLE INFORMATION

YEAR 2019	MAKE KEYSTONE RV	MODEL COUGAR SERIES	LENGTH 32
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VIN 4YDF27R24KV501090	UNREPAIRED DAMAGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PURCHASE DATE 09/2019	PURCHASE PRICE 32000	CURRENT MARKET VALUE 32000
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USE:
 PLEASURE FULL-TIMER FULL-TIMER STATIONARY STATIONARY OTHER (SPECIFY) _____

NOTE: TRAILERS AND CAMPER (INCLUDING TRUCK-MOUNTED CAMPER) 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	NAME OF LIENHOLDER	STREET ADDRESS	CITY	STATE	ZIP CODE
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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 type="checkbox"/> \$500 <input checked="" type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000	\$	265.00
<input checked="" type="checkbox"/> COLLISION	ACV less deductible of: <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input checked="" type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000	\$	131.00
<input type="checkbox"/> ADJACENT STRUCTURES	Amount \$ _____	\$	
<input checked="" type="checkbox"/> VACATION LIABILITY	<input type="checkbox"/> \$10,000 <input checked="" type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000	\$	10.00
<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 checked="" type="checkbox"/> EMERGENCY EXPENSE	<input type="checkbox"/> \$500 <input checked="" type="checkbox"/> \$750 <input type="checkbox"/> \$1,000	\$	5.00
<input type="checkbox"/> SCHEDULED MEDICAL BENEFITS		\$	
<input checked="" type="checkbox"/> PERSONAL PROPERTY	ACV less deductible of \$ 750 <input checked="" type="checkbox"/> \$1,000 <input type="checkbox"/> Additional amount \$ _____	\$	10.00
<input type="checkbox"/> REPLACEMENT COST PERSONAL PROPERTY	less deductible of \$ _____ <input type="checkbox"/> \$2,000 <input type="checkbox"/> Additional amount \$ _____	\$	
<input checked="" 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 checked="" type="checkbox"/> No Previous carrier: _____	\$	45.00
<input type="checkbox"/> FULL-TIMER LIABILITY	<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 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		\$	502.00

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

APPLICANT SIGNATURE  DATE 9/19/19 TIME Noon 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  DATE 09/19/2019 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"/> _____ An installment fee will be included in each installment payment other than full payment.	DOWN PAYMENT \$ _____	BALANCE DUE \$ _____
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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 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.