

MINNESOTA TRAVEL TRAILER INSURANCE APPLICATION

PRODUCER CODE		
89-5453-719		
09-0400-119		
PRODUCER NAME		
SCHMITZ, ANDREW THOMAS		
COLIMITE, ALERT THOMAC		
STREET ADDRESS		
1434 YANKEE DOODLE RD		
TIOT TAINEE BOODEE NO		
CITY	STATE	ZIP CODE

		ADDI	LICATION		SCHMITZ,AN	DREW THOM	IAS	
		APPLICATION			STREET ADDRESS 1434 YANKEE DOOD!		D	
					CITY	DOODLE R	STATE	ZIP CODE
					EAGAN		MN	55121-1801
REFERENCE OR POLICY	NUMBER	EFFECTIV		TERM	PHONE NUMBER		FAX NUMBER	
0079103255	Must be an INDIVIDUAL w	05/15/2		1 YEARS	(651)456-8834		DUST or a BUSINE	ECC the trust
NAMED INSURE	or business may be listed to	as an ADDITIONAL	INSURED. Ident	ify the trust or busi	ness in the REGIST			233, tile trust
FIRST NAME MOLLY	МІ		NORRIS			OCCUP	PATION	
DATE OF BIRTH **/**/1983	MARITAL STA	ATUS :	SOCIAL SECURITY	NUMBER			PHONE NUMBER (612) 703-6	
MAILING ADDRESS 4191 HANREHAI	N LAKE BLVD				CITY SAVAGE		STATE MN	ZIP CODE 55378-9781
SECOND NAMED INSURE	ED FIRST NAME MI				LAST			
DATE OF BIRTH				RELATIONSHIP TO	O INSURED			
OTHER OWNER	RESIDING IN A DIFFEREN	IT HOUSEHOLD)					
FIRST NAME	MI	NTTIOUSEITOEL	,		LAST			
MAILING ADDRESS					CITY		STATE	ZIP CODE
WAILING ADDITIES					OITT		OIAIL	ZII OODL
DATE OF BIRTH				RELATIONSHIP TO	O INSURED			
DOES THE INSUR	RED HAVE ANOTHER PERSONAL I IUST BE TERM, WHOLE, OR VARIA	LINES OR LIFE POLI	CY WITH FOREMO	ST, FARMERS, BRIST	TOL WEST OR 21st CE	ENTURY? Y Y N	N AND IN FORCE.	
REGISTRATION I	Liet the DEDSON th	e TRUST, or the BI	JSINESS entity ha	aving title to the ve	hicle. BUSINESS re	gistrations <i>must l</i>	be for tax purposes	s only.
REGISTRATION NAME		provide develage is	or basiness, profes	oronar or occupant	orial doo.			
MOLLY NORRIS								
VEHICLE INFORM	MATION	MO					LENOT	
YEAR MAKE 2020 BAC	CK COUNTRY	MOI	DEL				LENGTH	
VIN 4T9T1BA13LC33	8095	UNREPAIF ☐ YES ☑	RED DAMAGE NO	PURCHASE DATE 05/2020		CHASE PRICE	CURREN 1500	NT MARKET VALUE
USE:	TIMED DELIL TIMED CTATIO	NADY DISTATION	ADV DOTUED	(CDECIEV)	l		l	
NOTE: TRAILERS AND C	-TIMER TOLL-TIMER STATIO CAMPERS (INCLUDING TRUCK-MC ABLE - DO NOT BIND OR SUBMIT.				T-TIME BUSINESS, OC	CUPATION OR PRO	DFESSIONAL CAPAC	ITY
GARAGING								
LOCATION TYPE: RESIDENTIAL BU	SINESS PROPERTY 🔲 RENTAL	STORAGE 🗹 OT	HER		IS THE UNIT STORE ✓ YES ☐ NO	D INSIDE?	IN PARK? ☐ YES ☑ NO	
COMPLETE ADDRESS BE STREET	ELOW IF VEHICLE IS GARAGED A	T A LOCATION OTHE CITY	R THAN THE NAME	ED INSURED'S MAIL COUN			STATE ZIF	CODE
LOSS HISTORY								
DATE	TYPE	AMOUN	Т		DE	SCRIPTION		
LOSS PAYEE OR	LEASING COMPANY							
LEASE OR LOAN NUMBER	R NAME OF LI	ENHOLDER	STR	EET ADDRESS		CITY	STAT	TE ZIP CODE

COVERAGE SELECTION CHECKED BOXE	-S INDICATE S	ELECTED CO	VERAGES					
☑ OTHER THAN COLLISION ACV less deductible o		\$250	\$500	1 \$750	1 ,000	□ \$2,000	\$	165.00
COLLISION ACV less deductible of:	\$100 \$5,000	□ \$250	☑ \$500	\$750	1 ,000	□ \$2,000	\$	60.00
ADJACENT STRUCTURES	Amount \$						\$	
☐ VACATION LIABILITY	\$10,000 \$500,000	□ \$25,000	□ \$50,000	1 \$100,000	□\$300,000		\$	
TRAVELINE® TOWING/ROADSIDE ASSISTANCE	□ \$100	□ \$250	□ \$500	☐ Reasonable B	Expense		\$	
☐ EMERGENCY EXPENSE	(PENSE					\$		
☐ SCHEDULED MEDICAL BENEFITS							\$	
☐ PERSONAL PROPERTY ACV less deductible of \$_		_	1 ,000	Additional am	nount \$		\$	
REPLACEMENT COST PERSONAL PROPERTY le	ss deductible of \$						\$	
☐ TOTAL LOSS REPLACEMENT COST Is insured the original owner of the unit? ☐ Yes Did the insured have Total Loss Replacement with the Previous carrier:	_	r (if applicable)?	☐ Yes ☐ No				\$	
☐ FULL-TIMER LIABILITY	3 \$25,000	□ \$50,000	1 \$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	\$	225.00
REQUIRED APPLICANT INFORMATION IT IS UNLAWFUL TO KNOWINGLY INSURANCE COMPANY FOR THE PENALTIES MAY INCLUDE IMPRISO In connection with this application for insur	PROVIDE FA	ALSE, INCO	OMPLETE, (OD INE		
information as part of the underwriting proce The insurer may obtain consumer reports or information subsequently collected by the ir permitted by law. You have the right of acces you with more detailed information regardin information. Upon request, we may provide is unduly influenced by expenses related to a (72A. 20 Subd. 36 (b) and (f).) 1. I agree to allow the insurer and its repre listed in the application or subsequently a birth, social security number and driver's	ance, we will use. We may use personal or prinsurer or your as and correcting the collection reasonable under a catastrophic is sentatives to sadded to the policense number.	review your come a third part vileged informagent may in on with respect, use and dispersively or illness ecure and revolicy. I agree to r with third part vise a third part of the secure and revolicy. I agree to r with third part vilege and the vilege and revolicy. I agree to r with third part vilege and revolicy.	AL OF INSU redit report or y in connection ation from thin certain circum to all person sclosure of pe eptions based s, temporary lo view consumer allow the insu rty consumer	PRANCE, AN obtain or use n with the devel d parties. The irnstances be disal information or rsonal informat upon prior crecuss of employmer report informaturer and its repreporting and in	TING TO D D CIVIL DAI a credit score, opment of you offormation as we sclosed to third ollected. At you ion, and your of the deat tion including of resentatives to surance support	MAGES. insurance r insurance r insurance vell as othe I parties wi ur request, rights to ac persons w h of an imn motor vehic share my ort organiza	score or ot score. r personal or ithout authorize the insurer was cess and corhose credit innediate family cle records for name, address ations in order	mpany. her credit privileged zation, as ill provide rrect such formation r member. r persons s, date of r to obtain
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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