



Idaho/Oregon/Washington

**Mail To:**

Mutual Insurance Services  
PO Box 6109  
Federal Way, WA 98063  
1-800-247-5851, Fax 1-877-329-9647

Effective: \_\_\_\_\_ to \_\_\_\_\_ : (12 Months) at 12:01am

Applicant/Owner				Lienholder/Loss Payee			
Insured				Name			
Mailing Address				Address			
City	State	County	Zip	City	State	Zip	
Location of unit if Different from Mailing Address				Loan Number			

Description of Unit							
Year	Make	Length	Width	<input type="checkbox"/> Fifth Wheel <input type="checkbox"/> Travel Trailer <input type="checkbox"/> Tent Camper			
New/Used	Serial Number			<input type="checkbox"/> Truck Camper <input type="checkbox"/> Horse Trailer <input type="checkbox"/> Utility Trailer			
Original Cost	Purchase Price	Purchase Date		<input type="checkbox"/> Other _____			

Protection or Coverage	Rate	Limit of Coverage	Premium
<i>(Complete DEDUCTIBLE Option)</i>			
\$ _____ Deductible Comprehensive with \$ _____ Deductible Collision		ACV \$ _____	\$ _____
<b>Age of Unit Credit</b>	<b>25% Credit</b> <b>15% Credit</b> <b>10% Credit</b>	0-4 Years Old 5-9 Years Old 10-15 Years Old	(- _____)
Additional Personal Property (per \$100)	\$1.00	\$ _____	\$ _____
Vendors Single Interest I & II (per unit)	\$15.00		\$ _____
Vacation Liability Coverage	\$5.00	\$10,000 (per occurrence)	\$ _____

<b>Previous Carrier</b>	<b>TOTAL PREMIUM</b>
_____	<i>Round to the nearest whole dollar</i>

Number of claims in last 36 months: _____	Amount Enclosed: \$ _____ Check #: _____
Provide description and amounts paid: _____	

Payment Plans	<b>PLEASE NOTE</b> Recreational, non-business use only. This is not a homeowner policy.  If stationary/permanently set-up (wheels removed & skirted) call General Agency.
<input type="checkbox"/> Annual Pay (100% Down) <input type="checkbox"/> Three-Pay (40%/30%/30%, in Consecutive Months) <input type="checkbox"/> Lienholder/Mortgage Bill	
PRODUCER	<b>Submit Photo if unit is over 15 years old.</b>
Name: _____ Address: _____ City: _____ ST: _____ Zip: _____ Phone ( ) _____ Producer Code: _____(Three Digit Code)	<b>Is Coverage Bound?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, and if approved, the effective date will be the later of the date approved by Underwriting, or the requested effective date. <b>If over 25years old, submit unbound with photo for approval.</b>

Value of Unit	COMPREHENSIVE COVERAGE				PROGRAM INFORMATION
	Deductible Options				
	\$250 Flood & Wind \$100 Comp \$50 Collision	\$250 Flood & Wind \$100 Comp & Collision	\$250 Comp & Collision	\$500 Comp & Collision	
\$ 1,000	\$51	\$48	\$44	\$42	<p><b>COMPREHENSIVE</b> - Covers loss of, or damage to unit caused by direct or accidental loss.</p> <p><b>COLLISION</b> - Means collision of the insured unit with another object, or upset of the insured unit. <b>Collision</b> does not include impact of the wheels alone with the road or surface upon which it is being transported.</p> <p><b>VENDERS SINGLE INTEREST</b> - This is a Lienholder/Mortgagee coverage.</p> <p><b>VACATION LIABILITY</b> - This provides coverage for sums which you become legally obligated to pay due to bodily injury or property damage caused by an occurrence arising out of your ownership, maintenance, or use of the unit while detached from the towing unit and not on a public right-of-way while being used for recreational purposes.</p> <p><b>PACKAGE INCLUDES:</b> Personal Property (10% of Limit of coverage on Unit), Fire Department Service Charges, Emergency Allowance, and Towing and Labor</p> <p><i>(See policy for specific limits that may apply)</i></p> <p><b>ELIGIBLE RISKS</b> - Fifth Wheels, Travel Trailers, Pick-up Campers, Utility &amp; Horse Trailers.</p> <p><b>PROHIBITED RISKS</b> - Motor homes, pick-up trucks, mobile homes, any use that is not recreational &amp; Travel Trailers used as a residence.</p>
\$ 1,200	\$52	\$50	\$46	\$44	
\$ 1,400	\$54	\$51	\$48	\$46	
\$ 1,600	\$58	\$53	\$51	\$48	
\$ 1,800	\$66	\$59	\$54	\$51	
\$ 2,000	\$73	\$66	\$59	\$54	
\$ 2,200	\$80	\$73	\$65	\$58	
\$ 2,400	\$87	\$79	\$72	\$65	
\$ 2,500	\$91	\$83	\$75	\$67	
\$ 2,600	\$95	\$86	\$77	\$69	
\$ 2,800	\$101	\$92	\$84	\$75	
\$ 3,000	\$109	\$99	\$89	\$80	
\$ 3,500	\$124	\$113	\$102	\$92	
\$ 4,000	\$152	\$127	\$114	\$103	
\$ 4,500	\$167	\$141	\$127	\$114	
\$ 5,000	\$171	\$154	\$139	\$124	
\$ 5,500	\$186	\$168	\$152	\$136	
\$ 6,000	\$201	\$182	\$164	\$147	
\$ 6,500	\$217	\$196	\$176	\$158	
\$ 7,000	\$232	\$209	\$188	\$169	
\$ 7,500	\$248	\$223	\$201	\$182	
\$ 8,000	\$263	\$237	\$213	\$193	
\$ 9,000	\$294	\$264	\$238	\$213	
\$ 10,000	\$325	\$292	\$263	\$237	
\$ 11,000	\$353	\$317	\$285	\$256	
\$ 12,000	\$381	\$341	\$307	\$276	
\$ 13,000	\$409	\$372	\$334	\$301	
\$ 14,000	\$437	\$391	\$352	\$317	
\$ 15,000	\$465	\$416	\$374	\$337	
\$ 16,000	\$493	\$440	\$396	\$356	
\$ 17,000	\$521	\$465	\$419	\$377	
\$ 18,000	\$549	\$490	\$441	\$397	

For each \$100 over \$18,000 (round to the nearest \$100) ADD:

\$2.53	\$2.37	\$2.09	\$1.87
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**MAXIMUM VALUE** - \$50,000 **MAXIMUM AGE OF UNIT** - 25 Years

**STATEMENT OF INSPECTION INQUIRY**

As part of our underwriting procedures, a routine inquiry may include obtaining an investigative consumer and credit report involving information concerning character, general reputation, personal and financial characteristics and mode of living. Information on the nature and scope of such a report, if one is obtained, will be provided upon written request.

**BINDER PROVISIONS**

If the application indicates coverage is bound, then such insurance as is afforded by this binder is subject to the declarations, conditions, exclusions and other terms of the applicable policy form as it is used by the Company in the State where the risk is located. This binder shall terminate automatically at the earliest of (1) 30 days from the effective date, (2) immediately on notice of cancellation by the named insured or the company, or (3) on its effective date the same dated as that of the binder. If this binder is not replaced by a policy, a premium shall be charged for the period the binder is in effect.

**IS COVERAGE BOUND?**  YES  NO

**SIGNATURES**

I hereby declare that to the best of my knowledge and belief all information and statements contained on this application are true and complete. These facts and statements are offered as an inducement to the Company to issue the Policy. Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

I have received & read a copy of the Assurant Group Privacy Policy. By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by the Assurant Group. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application of any policy issued to me may be used by Assurant Group to issue, review, and renew the insurance for which I am applying.

Applicants Signature \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Agents Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_