



# NEW YORK MOTOR HOME INSURANCE APPLICATION

AGENCY CODE
AGENCY NAME
STREET ADDRESS
CITY <span style="float: right;">STATE</span> <span style="float: right;">ZIP</span>

REFERENCE OR POLICY NUMBER	EFFECTIVE DATE	TERM 12 MO	PHONE NUMBER	FAX NUMBER
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**POLICY NAMED INSURED Must be the titled owner of the vehicle and at least 18 years old**

FIRST NAME	MIDDLE	LAST NAME	
MAILING ADDRESS		STREET	
CITY	COUNTY	STATE ZIP	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	HOME PHONE	OTHER PHONE

**ADDITIONAL TITLED OWNER RESIDING IN THE POLICY NAMED INSURED'S HOUSEHOLD**

FIRST NAME	MIDDLE	LAST NAME
DATE OF BIRTH	RELATIONSHIP TO INSURED	

**OTHER OWNERS NOT IN HOUSEHOLD**

FIRST NAME	MIDDLE	LAST NAME
MAILING ADDRESS		STREET
CITY	COUNTY	STATE ZIP
DATE OF BIRTH	RELATIONSHIP TO INSURED	

**REGISTRATION NAME If different than POLICY NAMED INSURED**

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**OPERATORS List All Motor Home Operators**

	NAME	DATE OF BIRTH	RELATIONSHIP TO NAMED INSURED	DRIVER'S LICENSE NUMBER	ISSUING STATE
1					
2					
3					

OPERATOR	SAFETY/ACCIDENT COURSE DATE (Submit Proof)	% OF USE	YEARS MOTOR HOME EXPERIENCE	IS A FINANCIAL RESPONSIBILITY FILING REQUIRED?
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No

Does any Operator belong to an RV Association or Group or Alliance? Operator # \_\_\_\_\_

Which Organization? \_\_\_\_\_

Membership# \_\_\_\_\_ (Agent: Verify and retain proof of membership.)

Yes  No Does any operator have a significant mental or physical impairment? Operator # \_\_\_\_\_

**ACCIDENTS OR VIOLATIONS**

Has any operator been convicted of a moving violation or had an accident (regardless of fault or type of vehicle driven) within the past 3 years?

Yes  No If Yes, provide details below or in "Remarks."

OPERATOR #	ACCIDENT/VIOLATION		ACCIDENT			PLACE (CITY-STATE)	DESCRIPTION
	SPECIFY	DATE	AT-FAULT	BODILY INJURY	AMOUNT OF PROPERTY DAMAGE		
	<input type="checkbox"/> ACC <input type="checkbox"/> VIOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
	<input type="checkbox"/> ACC <input type="checkbox"/> VIOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
	<input type="checkbox"/> ACC <input type="checkbox"/> VIOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		

OTHER LOSS HISTORY				
DATE	TYPE	AMOUNT	DESCRIPTION	

VEHICLE INFORMATION				
<b>GARAGING</b>	IS THE UNIT STORED INSIDE? <input type="checkbox"/> Yes <input type="checkbox"/> No		LOCATION TYPE: <input type="checkbox"/> Residential <input type="checkbox"/> Rental Storage <input type="checkbox"/> Business Property <input type="checkbox"/> Other	
	Complete address below if vehicle is garaged at a location other than the Policy Named Insured mailing address.			
STREET				
CITY		COUNTY	STATE	ZIP
REGISTRATION ADDRESS IF DIFFERENT THAN GARAGING ADDRESS				
STREET		CITY	STATE	ZIP
UNIT TYPE: <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Luxury Coach <input type="checkbox"/> Medium Duty Tow Truck				
YEAR	LENGTH	MAKE	MODEL	
VIN		ANNUAL MILEAGE	PURCHASE DATE	PURCHASE PRICE
USE: <input type="checkbox"/> Pleasure <input type="checkbox"/> Full-Timer <input type="checkbox"/> Other _____ NOTE: Motor homes that are rented, leased or loaned to others for a charge or fee; or, motor homes that are used in any full- or part-time business, occupation or professional capacity are unacceptable - do not bind or submit.				UNREPAIRED DAMAGE <input type="checkbox"/> Yes <input type="checkbox"/> No
IS YOUR VEHICLE EQUIPPED WITH ANY OF THE FOLLOWING:				
<u>ANTI-THEFT DEVICES</u> <input type="checkbox"/> Alarm only or Active Disabling Device <input type="checkbox"/> Passive Disabling Device <input type="checkbox"/> Window Glass Etching <input type="checkbox"/> Vehicle Recovery Systems		<u>SAFETY EQUIPMENT</u> <input type="checkbox"/> Passive Restraint - Driver side only <input type="checkbox"/> Passive Restraint - Both Driver & Passenger <input type="checkbox"/> Anti-Lock Braking System <input type="checkbox"/> Daytime Running Lights		
LOSS PAYEE				
LEASE OR LOAN NUMBER	NAME OF LOSS PAYEE	STREET ADDRESS	CITY	STATE ZIP
RATING QUESTIONS				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the insured have an auto, motorcycle, owner-occupied homeowners or mobile home policy with Foremost, Farmers, or Zurich?			

MOTOR HOME COVERAGE SELECTION								Checked boxes indicate selected coverages.		Premium	
<input type="checkbox"/> BODILY INJURY	<input type="checkbox"/> \$25/50	<input type="checkbox"/> \$50/100	<input type="checkbox"/> \$100/300	<input type="checkbox"/> \$300/500	<input type="checkbox"/> \$500/500	<input type="checkbox"/> \$500/1,000	<input type="checkbox"/> \$1,000/1,000			\$	
<input type="checkbox"/> PROPERTY DAMAGE	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000	<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"/> PERSONAL INJURY PROTECTION											
<input type="checkbox"/> <b>Mandatory Personal Injury Protection</b>										\$	
<input type="checkbox"/> \$ 50,000 (\$0 deductible) Basic Economic Loss <input type="checkbox"/> \$ 50,000 (\$0 deductible) Basic Economic Loss - Work Loss Coordination <input type="checkbox"/> \$ 50,000 (\$0 deductible) Basic Economic Loss Medical Expense Excluded - Insured Only <input type="checkbox"/> \$ 50,000 (\$0 deductible) Basic Economic Loss Medical Expense Excluded - Insured & Relatives  <input type="checkbox"/> \$ 50,000 (\$200 deductible) Basic Economic Loss <input type="checkbox"/> \$ 50,000 (\$200 deductible) Basic Economic Loss - Work Loss Coordination <input type="checkbox"/> \$ 50,000 (\$200 deductible) Basic Economic Loss Medical Expense Excluded - Insured Only <input type="checkbox"/> \$ 50,000 (\$200 deductible) Basic Economic Loss Medical Expense Excluded - Insured & Relatives											
<input type="checkbox"/> <b>Added Personal Injury Protection</b>										\$	
Additional \$50,000 Basic Economic Loss, \$1,000 Work Loss and \$25 Essential Services											
<input type="checkbox"/> <b>Optional Basic Economic Loss</b>										\$	
Additional \$25,000 covers certain expenses above the Mandatory Personal Injury Protection											
<input type="checkbox"/> MEDICAL PAYMENTS	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000					\$	
<input type="checkbox"/> OTHER THAN COLLISION ACV less deductible of:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$5,000					\$	
<input type="checkbox"/> COLLISION ACV less deductible of:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$5,000					\$	
<input type="checkbox"/> STATUTORY UNINSURED MOTORISTS COVERAGE <input type="checkbox"/> \$25/50										\$	
<input type="checkbox"/> SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS COVERAGE (SUM)											
<input type="checkbox"/> \$25/50 <input type="checkbox"/> \$50/100 <input type="checkbox"/> \$100/300 <input type="checkbox"/> \$300/500 <input type="checkbox"/> \$500/500 <input type="checkbox"/> \$500/1,000 <input type="checkbox"/> \$1,000/1,000											
The insured must complete and sign the Supplementary Uninsured/Underinsured Motorist Coverage Election/Rejection of Coverage form 738076 included in this application										\$	
<input type="checkbox"/> VACATION LIABILITY	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000					Per Accident		\$	
<input type="checkbox"/> TRAVELINE® TOWING/ROADSIDE ASSISTANCE	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> Reasonable Expense					Per Disablement	\$	
<input type="checkbox"/> EMERGENCY EXPENSE	<input type="checkbox"/> \$500	<input type="checkbox"/> \$750	<input type="checkbox"/> \$1,000					Per Loss		\$	
<input type="checkbox"/> PERSONAL PROPERTY ACV	<input type="checkbox"/> \$1,000	<input type="checkbox"/> Additional Amount of \$ _____								\$	
<input type="checkbox"/> REPLACEMENT COST PERSONAL PROPERTY	<input type="checkbox"/> \$2,000	<input type="checkbox"/> Additional Amount of \$ _____								\$	
<input type="checkbox"/> TOTAL LOSS REPLACEMENT COST (Minimum Written Premium \$50)											
Is Insured the Original Owner of the Unit? <input 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 Limit equals BI/PD Liability Limit										\$	
<input type="checkbox"/> \$25/50 <input type="checkbox"/> \$50/100 <input type="checkbox"/> \$100/300 <input type="checkbox"/> \$300/500 <input type="checkbox"/> \$500/500 <input type="checkbox"/> \$500/1,000 <input type="checkbox"/> \$1,000/1,000											
<input type="checkbox"/> ADDITIONAL LIVING EXPENSE	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$5,000	(Available only when Full-Timer Liability is chosen)								\$
NEW YORK STATE LAW ENFORCEMENT FEE										\$	
<b>POLICY PREMIUM</b>									<b>TOTAL</b>	\$	

Dear New York Applicant:

Optional Basic Economic Loss (OBEL) coverage is being offered to you as an enhancement of the Basic No-Fault coverage you are presently required to purchase. But before we describe this new coverage, we would like to advise you what benefits Basic No-Fault coverage does and does not provide.

No-Fault coverage, otherwise known as Personal Injury Protection or "PIP" coverage, pays for expenses incurred by persons injured in a motor vehicle accident. This coverage does not pay to repair damage to your automobile.

Basic No-Fault, which you are required by law to purchase, provides coverage of up to \$50,000 per person in benefits for:

1. All necessary doctor and hospital bills and other health service expenses, payable in accordance with fee schedules established or adopted by the New York State Insurance Department and;
2. 80% of lost earnings up to a maximum monthly payment of \$2,000 for up to three years following the date of accident; and
3. Up to \$25 per day for a period of one year from the date of the accident for other reasonable and necessary expenses the injured person may have incurred because of an injury resulting from the accident, such as the cost of hiring a housekeeper or necessary transportation expenses to and from a health service provider; and
4. A \$2,000 death benefit, payable to the estate of a covered person, in addition to the \$50,000 coverage for economic loss described above.

No-Fault benefits will be reduced by other benefits that are payable under Workers' Compensation, Social Security Disability, New York State Disability, and certain employer "wage continuation" plans where an employee does not lose any future sick leave benefits.

#### OPTIONAL COVERAGE AVAILABLE

In addition to Basic No-Fault Coverage, you may also purchase Optional Basic Economic Loss (OBEL) coverage that will pay certain expenses, up to \$25,000, above the Basic No-Fault of \$50,000. OBEL coverage is different from other coverages in that a claimant can select the kinds of benefits to be paid under OBEL.

If you purchase OBEL coverage and if it appears likely that a claimant will use up the Basic No-Fault coverage, your insurer will send the claimant a form for the claimant to choose what expenses the \$25,000 in OBEL coverage will be used to pay. Under No-Fault, a claimant could include you, family members, passengers in your car, or pedestrians, if injured in an auto accident.

The claimant will be able to choose one of the following four OBEL options and thereby direct the insurer to pay expenses for:

1. Basic economic loss, whether health care expenses, loss of earnings from work, or other reasonable and necessary expenses;
2. Loss of earnings from work;
3. Psychiatric, physical or occupational therapy and rehabilitation; or
4. A combination of options 2 and 3.

The additional \$25,000 of OBEL coverage will be used only for costs incurred under the chosen option, which, once selected, the claimant cannot change. If you have any questions, please contact your company or agent.

#### REQUIRED APPLICANT INFORMATION APPLICANT MUST COMPLETE, SIGN AND DATE THIS APPLICATION.

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.**

In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on information contained in that credit report. We may use a third party in connection with the development of your insurance score.

1. I agree that the insurer may investigate and secure consumer reports, including motor vehicle records or credit report information as described above, for persons listed in the application. I further agree that the insurer may investigate and secure new consumer reports in evaluating this policy for each future renewal or replacement policy.
2. I declare that the information contained in this application is true to the best of my knowledge and belief. I understand that the insurer will rely on this information in determining my eligibility and premium.
3. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.
4. I understand that the coverage I selected will not provide Liability Coverage, Medical Payments Coverage or Coverage For Damage To Your Motor Home while that Motor Home is rented, leased or loaned for a charge to any organization or any person other than me.

APPLICANT SIGNATURE	DATE
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#### REQUIRED AGENT 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.*

AGENT SIGNATURE	DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
AGENT NAME (Please Print)	AGENT LICENSE NO.	COVERAGE BOUND? <input type="checkbox"/> Yes <input type="checkbox"/> No

#### PAYMENT PLANS COLLECT FULL PAYMENT OR DOWN PAYMENT BEFORE CALLING TO REQUEST COVERAGE

<input type="checkbox"/> FULL PAYMENT <input type="checkbox"/> 2 PAY <input type="checkbox"/> 4 PAY <input type="checkbox"/> _____ A Service Fee will be included in each installment payment other than full-payment.	DOWN PAYMENT \$	BALANCE DUE \$
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REMARKS
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**SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS COVERAGE  
ELECTION/REJECTION OF COVERAGE - NEW YORK**

New York Law requires that Supplementary Uninsured/Underinsured Motorists (SUM) Bodily Injury coverage be offered under every motor vehicle liability policy issued in the state. SUM coverage is explained in detail on the reverse side of this form. You have the right to choose or reject SUM coverage. Please indicate the limits for SUM coverage or your rejection of this coverage and sign and date the appropriate area below.

The following Supplementary Uninsured/Underinsured Motorists (SUM) limits include Underinsured Motorists coverage. SUM coverage also includes the Mandatory Uninsured Motorists coverage required by Section 3420(f)(1) of the New York Insurance Law.

<b>SUM Limits*</b>	
\$	25,000/50,000
	50,000/100,000
	100,000/300,000
	300,000/500,000
	500,000/500,000
	500,000/1,000,000
	1,000,000/1,000,000

**\*Limits are per person/per accident.**

- Supplementary Uninsured/Underinsured Motorists has been offered to me and I select limits of \$\_\_\_\_\_ per person, \$\_\_\_\_\_ per accident. The limits selected do not exceed the Bodily Injury Liability limits on my policy.
  
- I do not want Supplementary Uninsured/Underinsured Motorists on my policy and I reject this coverage entirely. I understand that by rejecting SUM coverage, my policy will automatically be issued with Mandatory Uninsured Motorists at \$25,000/50,000 limits required by law.

\_\_\_\_\_  
Applicant/Named Insured (Please Print)

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Signature of Applicant/Named Insured

\_\_\_\_\_  
Date

**NEW YORK IMPORTANT NOTICE**  
**SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS**

You may purchase Supplementary Uninsured/Underinsured Motorists (SUM) coverage as part of your Motor Home insurance policy. Limits for SUM coverage begin at \$25,000/\$50,000 (per person/per accident) and can be purchased up to an amount equal to your motor home policy's Bodily Injury Liability coverage limit. You also have the option to reject SUM coverage. Please review this entire notice and make a selection on the attached Election of Coverage form.

You should consider purchasing SUM coverage to protect you and your passengers if you are involved in an accident that involves another motor vehicle owner/operator who is determined negligent and who:

- (1) has no insurance.
- (2) has low limits of insurance coverage for third-party bodily injury claims, when compared to your own liability limits for bodily injury sustained by a third party.

The limit for purchasing SUM coverage is the amount of Bodily Injury coverage which you include in your policy. Purchasing SUM coverage protects you and your passengers if you are injured in an accident that was caused by the negligence of the other driver.

If you have the misfortune to be in an accident, the maximum amount to be paid under SUM coverage is your policy's SUM limit minus the amount paid by the other driver's motor vehicle bodily injury liability insurance or bond payments.

Mandatory Uninsured Motorists coverage is provided to all policyholders who do not purchase SUM coverage. When you purchase SUM coverage, Mandatory Uninsured Motorists coverage is automatically included. This provides for \$25,000/\$50,000 for accidents, in New York state, where you or your passengers are injured. It also provides payments of \$50,000/\$100,000 for accidents, in-state, when someone is killed.

The following examples (using the per person limits) illustrate the proper application of SUM coverage:

(1) **Example One:**

Your Bodily Injury Damages	\$300,000
Your Liability Limit	\$500,000
Your SUM Limit	\$250,000
Other Driver's Liability Limit	\$ 25,000

**Result:** In this example, you have purchased the maximum amount of SUM coverage that must be offered by your insurance company, provided that you have purchased bodily injury liability limits of at least \$250,000. You would recover \$25,000 from the negligent driver and \$225,000 (\$250,000 minus \$25,000) under the SUM coverage, for a total recovery of \$250,000.

However, in the event that the negligent driver had no liability insurance at all, you would collect \$250,000, in SUM coverage from your insurance company.

But, if the other driver was not negligent, you would receive no SUM payments.

(2) **Example Two:**

Your Bodily Injury Damages	\$100,000
Your Liability Limit	\$ 25,000
Your SUM Limit	\$ 25,000
Other Driver's Liability Limit	\$ 25,000

**Result:** You would recover \$25,000 from the negligent driver of the other motor vehicle. But you would receive nothing under the SUM coverage, which equals the mandatory uninsured motorists coverage, since the other driver did not have less liability insurance than you. If your liability and SUM limits were both \$50,000, you would have collected another \$25,000 in SUM coverage from your insurance company.

(3) **Example Three:**

Your Bodily Injury Damages	\$ 60,000
Your Liability Limit	\$100,000
Your SUM Limit	\$100,000
Other Driver's Liability Limit	\$ 50,000

**Result:** You would recover \$50,000 from the negligent driver and \$10,000 under the SUM coverage, which is the difference between the amount of your SUM coverage and the liability coverage available from the other driver, limited by the amount of your bodily injury damages.

(4) **Example Four:**

Your Bodily Injury Damages	\$150,000
Your Liability Limit	\$100,000
Your SUM Limit	\$100,000
Other Driver's Liability Limit	\$ 25,000

**Result:** Suppose you and the other driver were each 50 percent at fault for the accident, then your total recovery would be \$75,000, in light of comparative negligence of both you and the other driver involved in the accident. You would recover \$25,000 from the negligent driver and \$50,000 under the SUM coverage.

On the other hand, if the other driver was totally at fault for the accident, then you would recover \$25,000 from the negligent driver and would receive \$75,000 in SUM coverage from your insurance company. If you had purchased liability and SUM limits of \$150,000 or more, the SUM recovery would then be \$125,000.