



# NEW YORK TRAVEL TRAILER INSURANCE APPLICATION

AGENCY CODE		
AGENCY NAME		
STREET ADDRESS		
CITY	STATE	ZIP

REFERENCE OR POLICY NUMBER	EFFECTIVE DATE	TERM YEARS	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	STATE	ZIP
DATE OF BIRTH	RELATIONSHIP TO INSURED			

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

Does any Owner belong to an RV Association or Group or Alliance? Which Organization? \_\_\_\_\_  
 Membership # \_\_\_\_\_ (Agent: Verify and retain proof of membership.)

**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"/> Business Property	<input type="checkbox"/> Rental Storage <input type="checkbox"/> Other	IN PARK? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Complete address below if vehicle is garaged at a location other than the Policy Named Insured mailing address.

STREET	CITY	COUNTY	STATE	ZIP
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**TYPE OF UNIT: (please check)**

<input type="checkbox"/> Travel Trailer	<input type="checkbox"/> Tent Camper	<input type="checkbox"/> Fifth Wheel	<input type="checkbox"/> Truck Mounted
<input type="checkbox"/> Animal Trailer with Living Quarters	<input type="checkbox"/> Sports Utility Trailer with Living Quarters		

YEAR	LENGTH	MAKE	MODEL
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VIN	PURCHASE DATE	PURCHASE PRICE	CURRENT MARKET VALUE
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USE: <input type="checkbox"/> Pleasure <input type="checkbox"/> Full-Timer <input type="checkbox"/> Other _____ 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.	UNREPAIRED DAMAGE <input type="checkbox"/> Yes <input type="checkbox"/> No
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**LOSS PAYEE**

LEASE OR LOAN NUMBER	NAME OF LOSS PAYEE	STREET ADDRESS	CITY	STATE	ZIP
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