



TRAVEL TRAILER INFORMATION BLANK - PENNSYLVANIA

APPLICANT

NAME: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PRINCIPAL GARAGING (if different) or STATIONARY LOCATION (Park Name, Street, City, State): _____

COUNTY - UNIT LOCATION: _____ TELEPHONE NUMBER: _____

POLICY PERIOD REQUESTED

FROM: _____ TO: _____

CO: _____ PROD. CODE: **077** POLICY NO.: _____

RENEWAL OF: _____

LIENHOLDER

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

AGENT

AGENT CODE NO.: _____

NAME: **Joan M. DiAndriole**

STREET ADDRESS: **1570 Highway 315**

CITY, STATE, ZIP CODE: **Wilkes-Barre, PA 18702**

DESCRIPTION OF TRAVEL TRAILER

YEAR	LENGTH	MANUFACTURER/MODEL	SERIAL NUMBER	PURCHASE DATE	PURCHASE PRICE

TYPE OF UNIT (please check): TRAVEL 07 TRAILER CAMPING 08 TRAILER FIFTH 09 WHEEL TRUCK 20 MOUNTED

Is the unit rented or loaned out? Yes No If yes, explain: _____

Is the unit used in any business pursuit? Yes No If yes, explain: _____

IN PARK: Yes No Unknown

PREMIUM DETERMINATION

TYPE OF USE AND RATE PLAN: REGULAR - 771 REGULAR - FULL-TIMER - 772 STATIONARY - 774 STATIONARY - FULL-TIMER - 775

RATING BASE: _____ PACKAGE PREMIUM FROM RATE CHART: \$ _____

OPTIONAL LIMITS/COVERAGES

DEDUCTIBLES: \$100 included unless Other Amount is selected here

All Other Loss: \$250 \$500 \$750 \$ _____

Collision: \$250 \$500 \$750 \$ _____

ADDITIONAL PERSONAL EFFECTS: _____ LIMIT: \$ _____

INCREASED VACATION/FULL-TIMER LIABILITY: \$ _____

ADJACENT STRUCTURES: \$ _____

TOTAL PREMIUM (Minimum Written Premium \$50): \$ _____

AUTHORIZED FLEX-A-BILL AGENTS ONLY

PAYMENT METHOD: ANNUAL 2 PAYMENTS (50% Down) 4 PAYMENTS (25% Down)

DOWN PAYMENT: _____

BILLED TO: AGENT STMT. INSURED LIENHOLDER

PAID BY: AGENT INSURED LIENHOLDER

PREMIUM DETERMINATION

RATE PLAN 773 3 YEAR TERM PREPAID PREMIUM

CAMPING TRAILER UNITS ONLY

- Purchase Price/Market Value must be \$3501 or more but not greater than \$12,000.
- No Package Adjustments or Optional Coverages Available.

\$ 250 Deduct. on All Other Loss and Collision Coverage (ACV)
 \$ 1,000 Personal Effects (ACV)
 \$10,000 Vacation Liability
 \$ 500 Emergency Expense
 \$ 100 Fire Dept. Service.

TOTAL PREPAID PREMIUM: \$275

SEE REVERSE SIDE FOR RATES