

DIAMOND INSURANCE AGENCY  
 100 W. HOSACK, SUITE 103  
 BOERNE, TX 78006  
 830-249-7475 diamond-agency.com

## TEXAS TRAVEL TRAILER INSURANCE APPLICATION

AGENCY CODE <b>42-9400970</b>	
AGENCY NAME <b>DIAMOND INSURANCE AGENCY</b>	
STREET ADDRESS <b>100 W. Hosack Ste. 103</b>	
CITY <b>Boerne, TX 78006</b>	STATE <b>TX</b>
ZIP <b>78006</b>	

REFERENCE OR POLICY NUMBER	EFFECTIVE DATE	TERM YEARS	PHONE NUMBER <b>830-249-7475</b>	FAX NUMBER <b>830-249-8544</b>
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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**

REGISTRATION NAME \_\_\_\_\_

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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**RATING QUESTIONS**

Yes  No Does the applicant have another, in-force personal lines policy or *qualified\** life policy with Foremost, Farmers, Zurich or Bristol West?  
 \*Refer to Program Guide for qualifications.

**COVERAGE SELECTION** Checked boxes indicate selected coverages. **Premium**

<input type="checkbox"/> OTHER THAN COLLISION ACV less deductible of: <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000	\$
<input type="checkbox"/> COLLISION ACV less deductible of: <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000	\$
<input type="checkbox"/> ADJACENT STRUCTURES Amount \$ _____	\$
<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"/> SCHEDULED MEDICAL BENEFITS Per Coverage Part	\$
<input type="checkbox"/> PERSONAL PROPERTY ACV less deductible of \$ _____ AMOUNT: <input type="checkbox"/> \$1,000 <input type="checkbox"/> Additional Amount \$ _____	\$
<input type="checkbox"/> REPLACEMENT COST PERSONAL PROPERTY less deductible of \$ _____ AMOUNT: <input type="checkbox"/> \$2,000 <input type="checkbox"/> Additional Amount \$ _____	\$
<input type="checkbox"/> TOTAL LOSS REPLACEMENT COST 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 <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"/> ADDITIONAL LIVING EXPENSE <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000 (Available only when Full-Timer Liability is chosen)	\$
<b>3 YEAR TENT CAMPER PACKAGE</b> (Limited to tent campers with Purchase Price/Market Value of \$3,501 or more but not greater than \$12,000) \$250 Deductible - Other Than Collision and Collision Coverage (ACV) \$500 Emergency Expense \$1,000 Personal Property - ACV less deductible of \$250 \$500 Fire Department Service \$10,000 Vacation Liability	\$
No Adjustments to Coverages when this package is chosen.	

**POLICY PREMIUM** (Minimum Written Premium \$50) **TOTAL** \$

**REQUIRED SIGNATURE OF APPLICANT** Applicant must sign and date this application

I declare that all the statements contained in this application are true to the best of my knowledge and belief. The selections indicated above accurately reflect the limits, coverages and deductible I desire.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**REQUIRED AGENT INFORMATION** Agent must sign this application and complete this section

By signing this application, I certify that I am licensed by the state to write this specific line of business.

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