

WISCONSIN TRAVEL TRAILER PROGRAM RATES AND UNDERWRITING

I. ELIGIBILITY

1. The travel trailer must be owned by a private individual and used by the owner for recreational use.
2. Homemade, custom-built or substantially modified travel trailers are not eligible.
3. All applications must be submitted within five (5) days of the requested effective date for coverage.
4. All licensed operators in the household and all licensed operators that may not be members of the household must be listed on the application .

II. SUBMIT—DO NOT BIND

1. If the travel trailer is thirty (30) feet or longer the applicant must have at least two (2) years of claim free travel trailer experience with a unit at least twenty-five (25) feet long. Copies of the previous declaration page must be submitted with the application.

III. DO NOT SUBMIT—UNACCEPTABLE RISK

1. Travel trailers that are self-propelled.
2. Travel trailers rented to others.
3. Vehicles carrying truck mounted camper bodies.
4. Travel trailers used as a permanent year-round residence.
5. Travel trailer that is titled or licensed in a business or trade name and/or used for any business and/or commercial purpose.
6. If any operator has more than one (1) at-fault accident or any major violations (DUI/DWI, leaving the scene of an accident, suspension or revocation of license, reckless/careless driving, or any other major violations) or more than three (3) minor moving violations.
7. The following models are ineligible: Airstream, Avion or truck mounted camper body.

COLLISION AND OTHER THAN COLLISION RATES	
Collision Deductible—\$250	
Other than Collision Deductible—\$100	
<u>Rating Base</u>	<u>Premium</u>
0 - 2,000	50
2,001 - 2,500	51
2,501 - 3,000	62
3,001 - 3,500	73
3,501 - 4,000	84
4,001 - 4,500	96
4,501 - 5,000	107
5,001 - 5,500	118
5,501 - 6,000	129
6,001 - 6,500	141
6,501 - 7,000	152
7,001 - 7,500	163
7,501 - 8,000	174
8,001 - 8,500	186
8,501 - 9,000	197
9,001 - 9,500	208
9,501 - 10,000	219
10,001 - 11,000	236
11,001 - 12,000	259
12,001 - 13,000	281
13,001 - 14,000	304
14,001 - 15,000	326
15,001 - 16,000	349
16,001 - 17,000	371
17,001 - 18,000	394
18,001 - 19,000	416
19,001 - 20,000	439
Rate for values in excess of \$20,000	
\$2.25 per \$100	

OTHER THAN COLLISION RATES ONLY	
Deductible—\$100	
<u>Rating Base</u>	<u>Premium</u>
0 - 3,500	50
3,501 - 4,000	53
4,001 - 4,500	60
4,501 - 5,000	67
5,001 - 5,500	74
5,501 - 6,000	81
6,001 - 6,500	88
6,501 - 7,000	95
7,001 - 7,500	102
7,501 - 8,000	109
8,001 - 8,500	116
8,501 - 9,000	123
9,001 - 9,500	130
9,501 - 10,000	137
10,001 - 11,000	147
11,001 - 12,000	161
12,001 - 13,000	175
13,001 - 14,000	189
14,001 - 15,000	203
15,001 - 16,000	217
16,001 - 17,000	231
17,001 - 18,000	245
18,001 - 19,000	259
19,001 - 20,000	273
Rate for values in excess of \$20,000	
\$1.40 per \$100	

Erickson-Larsen, Inc.
 6425 Sycamore Court North
 Maple Grove, MN 55369-6028
 Phone (800) 442-3168
 Fax (763) 535-4051



Aegis Security Insurance Company

BEST RATING A

WISCONSIN TRAVEL TRAILER

REQUESTED POLICY PERIOD: From _____ To _____ (Application Must Be Received Within 5 Days of Requested Effective Date)

APPLICANT'S NAME				PRODUCER		PRODUCER #	
STREET ADDRESS				MAILING ADDRESS			
CITY	COUNTY	STATE	ZIP CODE	CITY	COUNTY	STATE	ZIP CODE

LOSS PAYEE:

Loss Payee Name	Street Address	City	State	Zip Code
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LIST ALL OPERATORS:	Name	Date of Birth	WI Driver's License #	Accident(s)	Violation(s)

MARITAL STATUS OF PRINCIPAL OPERATOR: Married _____ Single _____ Divorced _____ Widow/Widower _____

TRAVEL TRAILER DESCRIPTION:	Year	Length	Make/Model	VIN #	Date Purchased	Purchase Price

IF NO - DO NOT SUBMIT

Yes _____ No _____ Is the travel trailer owned by a private individual and used by the owner for recreational use?

Yes _____ No _____ Do all operators have a Wisconsin driver's license?

Yes _____ No _____ Travel Trailers 30' and longer only - Do all operators have at least two (2) years claim free experience with a unit at least twenty-five (25) feet long?

IF YES - DO NOT SUBMIT

Yes _____ No _____ Is the travel trailer homemade, custom-built or substantially modified?

Yes _____ No _____ Has any operator been convicted of a DUI, leaving the scene of an accident, suspension or revocation of license, reckless / careless driving, or any other major violation in the past three (3) years?

Yes _____ No _____ Does any operator have more than three (3) minor violations, any major moving violations or more than one (1) at fault accident in the past three (3) years?

Yes _____ No _____ Is the travel trailer self-propelled?

Yes _____ No _____ Is the travel trailer rented to others?

Yes _____ No _____ Is the travel trailer titled in a business name and/or used for any business and/or commercial purpose?

Yes _____ No _____ Is the travel trailer an Airstream, Avion or truck mounted camper body?

Yes _____ No _____ Is the travel trailer used as a permanent year-round residence?

RATING BASE (ACV) _____

PREMIUM _____ (MINIMUM EARNED PREMIUM—\$50.00)

I hereby warrant that the above information and such statements are offered as an inducement to the company to issue the policy for which I am applying. I agree that the policy shall be NULL and VOID if such information is false, or misleading, or would materially affect acceptance of the risk by the company. I understand coverage is based on Actual Cash Value (ACV).

Applicant's Signature	Date	Producer's Signature	Date
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