



Administrative Office
P.O. Box 2450
Grand Rapids, Michigan 49501

**TRAVEL TRAILER
DECLARATIONS**

Policy Number:	-	-
Policy Period		12:01 A.M. Standard Time
From	To	

YOU AS NAMED INSURED AND YOUR ADDRESS

YOUR POLICY IS SERVICED BY:

Telephone:

Agency Code: - -

PREMIUM SUMMARY

TOTAL PREMIUM AND OTHER AMOUNTS FOR THIS POLICY PERIOD

UNIT #1 TRAVEL TRAILER DESCRIPTION

Year	Length	Vin	Manufacturer	Model
Location Address			County	Territory

UNIT #1 LOSS PAYEE

UNIT #1 LOSS PAYEE

STATE SPECIFIC MESSAGES

This Declarations with your policy provisions and any endorsements, issued to form a part thereof, completes the above numbered policy. We will insure you for the coverage for which a premium is shown. Detailed coverage descriptions and any limitations will be found in your policy.

UNIT #1 SUMMARY

PREMIUM

POLICY COVERAGES

OTHER COVERAGES

OTHER FORMS AND ENDORSEMENTS

OTHER AMOUNTS THAT APPLY

UNIT #1 TOTAL PREMIUM AND OTHER AMOUNTS

UNIT #1 DISCOUNTS AND SURCHARGES

The following Discounts and Surcharges have been applied to Your Premiums.

TOTAL DISCOUNTS
TOTAL SURCHARGES

MINIMUM EARNED PREMIUM

SPECIAL INFORMATIONAL FORMS

ADDITIONAL FEE INFORMATION

PROCESSED:



Administrative Office
P.O. Box 2450
Grand Rapids, Michigan 49501

**TRAVEL TRAILER
DECLARATIONS**

Policy Number:	-	-
Policy Period		12:01 A.M. Standard Time
From	To	

New

EXHIBIT

underlined = added

YOU AS NAMED INSURED AND YOUR ADDRESS

YOUR POLICY IS SERVICED BY:

Telephone:

Agency Code: - -

PREMIUM SUMMARY

TOTAL PREMIUM AND OTHER AMOUNTS FOR THIS POLICY PERIOD

UNIT #1 TRAVEL TRAILER DESCRIPTION

Year	Length	Vin	Manufacturer	Model
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PROCESSED:

Old

strikethrough = deleted
**TRAVEL TRAILER
DECLARATIONS**

Policy Number:	-	-
Policy Period		12:01 A.M. Standard Time
From	To	

YOU AS NAMED INSURED AND YOUR ADDRESS

YOUR POLICY IS SERVICED BY:

Telephone:

Agency Code: - -

PREMIUM SUMMARY

TOTAL PREMIUM AND OTHER AMOUNTS FOR THIS POLICY PERIOD

UNIT # TRAVEL TRAILER DESCRIPTION

Year: Length:
Manufacturer:

Vin: Model:

Location Address:

County:

Territory:

UNIT # LOSS PAYEE

UNIT # LOSS PAYEE

STATE SPECIFIC MESSAGES

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	UNIT # SUMMARY	PREMIUM
POLICY COVERAGES		

OTHER COVERAGES

OTHER FORMS AND ENDORSEMENTS

OTHER AMOUNTS THAT APPLY

UNIT # TOTAL PREMIUM AND OTHER AMOUNTS	
--	--

UNIT # DISCOUNTS AND SURCHARGES	The following Discounts and Surcharges have been applied to Your Premiums.
---------------------------------	--

TOTAL DISCOUNTS
TOTAL SURCHARGES

MINIMUM EARNED PREMIUM:

PROCESSED:

MASSACHUSETTS DIVISION OF INSURANCE

FORM UTILIZATION LIST

Foremost Insurance Company Grand Rapids, Michigan 0212-11185

Travel Trailer Program

Form Title	Form Number	State/SERFF Tr. Number	Disposition Date
Replacement Cost Personal Property Coverage – Travel Trailer	2143 04/09	FORE-126825089	March 25, 2011
Your Foremost Travel Trailer Policy – Mass	4318 03/11	FORE-126825089	March 25, 2011
Personal Property Coverage	5393 04/10	FORE-126825089	March 25, 2011
Additional Insured – Trust – Mass	5788 01/11	FORE-126825089	March 25, 2011
Additional Insured – Titleholder – Mass	5803 01/11	FORE-126825089	March 25, 2011
Trip Collision Coverage - Mass	5872 01/11	FORE-126825089	March 25, 2011
Emergency Expense Coverage – Travel Trailer – Massachusetts	5884 01/11	FORE-126825089	March 25, 2011
Emergency Expense Coverage – Travel Trailer – Massachusetts	5884 01/11	FORE-126825089	March 25, 2011
Adjacent Structures Coverage - Mass	5913 01/11	FORE-126825089	March 25, 2011
Scheduled Medical Benefits Coverage – Travel Trailer - Massachusetts	6003 01/11	FORE-126825089	March 25, 2011
Additional Living Expense – Travel Trailer – Massachusetts	6023 01/11	FORE-126825089	March 25, 2011
Towing and Roadside Assistance Coverage – Massachusetts	6053 01/11	FORE-126825089	March 25, 2011
Total Loss Settlement Provisions – Massachusetts	6056 01/11	FORE-126825089	March 25, 2011
Full Timer Liability Coverage – Travel Trailer	6495 02/06	FORE-126825089	March 25, 2011
Vacation Liability Coverage – Travel Trailer	6496 02/06	FORE-126825089	March 25, 2011

EXHIBIT I

TRAVEL TRAILER DECLARATIONS – FORM 85998 03/12

Attached is a sample of the Declarations we will be using in our program. It shows how our Declarations will be used when insuring travel trailers.

The following language will be typed on the Declarations when applicable. The numbers shown below correspond with those displayed on the attached “Declarations” sample to indicate where the language will be printed.

1 New, Renewal, Amended.

This language simply clarifies to the customer that it is a New declarations, a Renewal Declarations or an Amended Declarations.

2 For changes, the upper right-hand corner will be used for the following language: "Amended Declarations * Effective XX/XX/XX. Supersedes Any Previous Declarations Bearing The Same Number For This Policy Period." Below that, there will be one of four options for change descriptions. The options consist of the following:

- 1.) Reason For Change – Agent Information
- 2.) Reason For Change – Policy Information
- 3.) Reason For Change – Lienholder Information
- 4.) Reason For Change – Insured Information

3 Prints “ADDITIONAL POLICY PREMIUM” or “RETURN POLICY PREMIUM”. This section will be displayed prior to the Declarations if both Motor Home and Travel Trailer policies are purchased.

4 The Travel Trailer Coverage for Other Than Collision, Collision, deductible and premiums will be displayed here, if selected.

5 Moneyed Endorsements will be displayed here.

6 The information displayed for FORMS AND ENDORSEMENTS is the policy forms and endorsements.

7 The information displayed for OTHER AMOUNTS THAT APPLY is other Charges, such as taxes, surcharges, etc., if applicable.

EXHIBIT I (continued)

8 Displays Notices required by State.

9 This area will be used if the customer has chosen to pay the premium in installments and will display service fees for the different billing options available.



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**TRAVEL TRAILER
1
DECLARATIONS**

Policy Number:	-	-
Policy Period		12:01 A.M. Standard Time
From	To	

2

YOU AS NAMED INSURED AND YOUR ADDRESS

YOUR POLICY IS SERVICED BY:

Telephone:

Agency Code: - -

PREMIUM SUMMARY

TOTAL PREMIUM AND OTHER AMOUNTS FOR THIS POLICY PERIOD 3

UNIT #1 TRAVEL TRAILER DESCRIPTION

Year	Length	Vin	Manufacturer	Model
Location Address	County	Territory		

UNIT #1 LOSS PAYEE

UNIT #1 LOSS PAYEE

STATE SPECIFIC MESSAGES

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UNIT #1 SUMMARY

PREMIUM

POLICY COVERAGES

④

OTHER COVERAGES

⑤

OTHER FORMS AND ENDORSEMENTS

⑥

OTHER AMOUNTS THAT APPLY

⑦

UNIT #1 TOTAL PREMIUM AND OTHER AMOUNTS

UNIT #1 DISCOUNTS AND SURCHARGES

The following Discounts and Surcharges have been applied to Your Premiums.

TOTAL DISCOUNTS
TOTAL SURCHARGES

MINIMUM EARNED PREMIUM

SPECIAL INFORMATIONAL FORMS

⑧

ADDITIONAL FEE INFORMATION

⑨

PROCESSED:

MASSACHUSETTS

TRAVEL TRAILER PROGRAM

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* Travel Trailer Declarations	85998 03/12