

# Application For Insurance

PLEASE CALL FOR A PREMIUM QUOTE

Name: \_\_\_\_\_ Member of USRider\*?  Yes  No

If yes, what is your member number? \_\_\_\_\_

Area Code and Phone Number \_\_\_\_\_ (Format 222-222-2222)

E-Mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ County \_\_\_\_\_

Primary Driver's Date of Birth \_\_\_\_\_

Primary Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_

Desired Effective Date of Coverage \_\_\_\_\_

Has any policy or coverage been declined, cancelled, or non-renewed during the prior 3 years?

Yes  No

During the last 5 years, has anyone named above been convicted of any degree of the crime of arson?

Yes  No

Has anyone named above had a horse trailer claim during the prior 3 years?

Yes  No

If yes, describe briefly (including the amount of loss): \_\_\_\_\_

Year \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

VIN Number \_\_\_\_\_

Trailer Value \$ \_\_\_\_\_

Lender's Name \_\_\_\_\_

Lender's Address \_\_\_\_\_

Lender's Address 2 \_\_\_\_\_

Lender's City \_\_\_\_\_

Lender's State \_\_\_\_\_ Lender's Zip Code \_\_\_\_\_

**Optional Tack Coverage**  \$5,000 (\$100)  \$10,000 (\$200)  \$ \_\_\_\_\_ (\$20/1,000)

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (In DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/She certifies that the answers are true, correct and complete to the best of his/her knowledge.

Applicant's Signature	Date	Producer's Signature	1705344 National Producer Number
-----------------------	------	----------------------	-------------------------------------



## The Creelman Agency

401 Post Office Road  
Suite 102  
Waldorf, MD, 20602

### CONTACT US

(240) 493-1110  
Fax (866) 647-6966

HorseTrailers@creelman.com

A Division of

