



A Farmers Insurance® Company
Foremost Insurance Company Grand Rapids, Michigan

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

**TRAVEL TRAILER
NEW
DECLARATIONS**

Policy Number: 077-0082369737	-01
Policy Period	12:01 A.M. Standard Time
From 06/21/24 To 06/21/25	

YOU AS NAMED INSURED AND YOUR ADDRESS

JASON SMITH
MANDY SMITH
408 S WICKHAM ST
ALVORD TX 76225-5963

YOUR POLICY IS SERVICED BY:

AGENTS ALLIANCE SERVICES LTD
C/O RAMEY KING INSURANCE
830 S 1 35 E
DENTON TX 76205
Telephone: 1-877-531-5464

Agency Code: 42-9189-517

PREMIUM SUMMARY	
TOTAL PREMIUM AND OTHER AMOUNTS FOR THIS POLICY PERIOD	\$ 914.00

INSURED INFORMATION		
Insured Name JASON SMITH	Birth Date **/**/1973	Marital Status M

UNIT #1 TRAVEL TRAILER DESCRIPTION						
Year 2024	Length 24	VIN 4EZTL2520R4044501	Manufacturer KZ-RV	Model CONNECT	County WISE	Purchase Year 2024
Location Address 408 S WICKHAM ST ALVORD TX 76225-5963				Territory B		

UNIT #1 LOSS PAYEE

BANK OF AMERICA
PO BOX 2759
JACKSONVILLE FL 32203-2759

This Declaration 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 THAN COLLISION	\$ 542.00
AMOUNT STATED: \$41,300 LESS \$1,000 DEDUCTIBLE	
THIS DEDUCTIBLE MAY DIMINISH 25% PER CLAIM-FREE RENEWAL	
COLLISION	\$ 210.00
AMOUNT STATED: \$41,300 LESS \$1,000 DEDUCTIBLE	
THIS DEDUCTIBLE MAY DIMINISH 25% PER CLAIM-FREE RENEWAL	
7808-02/19 TOTAL LOSS SETTLEMENT PROVISIONS	\$ 58.00

OTHER COVERAGES

5578-09/19 REPLACEMENT COST PERSONAL PROPERTY	\$ 24.00
AMOUNT OF INSURANCE: \$2,000 LESS \$100 DEDUCTIBLE	
5580-09/19 VACATION LIABILITY	\$ 15.00
LIMIT OF LIABILITY: \$50,000	
7804-02/19 EMERGENCY EXPENSE	\$ 5.00
AMOUNT OF INSURANCE: \$750	
7809-02/19 TOWING AND ROADSIDE ASSISTANCE	\$ 50.00
AMOUNT: REASONABLE AND NECESSARY EACH DISABLEMENT	
5579-09/19 SCHEDULED MEDICAL BENEFITS	\$ 5.00
SEE BENEFITS SCHEDULE	

OTHER FORMS AND ENDORSEMENTS

5025-07/10 ADDITIONAL BENEFIT ENDORSEMENT	INCLUDED
5677-11/22 AMENDMENT OF POLICY PROV-TX	INCLUDED
7700-02/19 FOREMOST TRAVEL TRAILER POLICY	INCLUDED

OTHER AMOUNTS THAT APPLY

MOTOR VEHICLE CRIME PREV AUTHORITY	\$ 5.00
------------------------------------	---------

UNIT #1 TOTAL PREMIUM AND OTHER AMOUNTS

\$ 914.00

MINIMUM EARNED PREMIUM \$ 0.00

SPECIAL INFORMATIONAL FORMS

004592	02/11	DELIVERY OF CANCELLATION/NON-RENEWAL
737739	01/98	POLICYHOLDER NOTICE-INSTALLMENTS
738003	05/24	CONSUMER BILL OF RIGHTS
740062	10/22	PRIVACY NOTICE
740554	09/23	IMPORTANT NOTICE
740682	06/23	USE OF CREDIT DISCLOSURE
741539	06/23	MOTOR VEHICLE CRIME PREVENTION AUTHORITY NOTICE

ADDITIONAL FEE INFORMATION

In consideration of our agreement to allow you to pay in installments, the following service fee(s) apply per installment:

1-PAY	2-PAY	4-PAY	12-PAY
\$0.00	\$3.00	\$3.00	\$3.00

PROCESSED: June 21, 2024

COPY