

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

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.



The Creelman Agency

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Suite 102
Waldorf, MD, 20602

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Fax (877) 215-6033
writeus@creelman.com



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