

COVERAGES

<input type="checkbox"/> PREFERRED PROGRAM	RATING TERR.	RATE PLAN
<input type="checkbox"/> FULL PACKAGE		BASIC PREM.
Bodily Injury	\$ 100 / 300,000	
Property Damage	\$ 50,000	
Personal Injury Protection	\$ 5,000	
Other Than Collision	\$ ACV less deductible _____	
Collision	\$ ACV less deductible _____	
Comprehensive Contents	\$ 1,000	
Emergency Expense	\$ 750 per loss	
Towing/Roadside Assistance	\$ 100 per disablement	
Scheduled Medical Benefits	per coverage part	\$
<input type="checkbox"/> LIABILITY ONLY		BASIC PREM.
Bodily Injury	\$ 100 / 300,000	
Property Damage	\$ 50,000	
Personal Injury Protection	\$ 5,000	\$
OPTIONAL LIMITS		OPTIONAL PREM.
<input type="checkbox"/> Bodily Injury	<input type="checkbox"/> \$25/50 <input type="checkbox"/> \$50/100 <input type="checkbox"/> \$250/500 <input type="checkbox"/> Other \$ _____	\$
<input type="checkbox"/> Property Damage	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$ _____	\$
<input type="checkbox"/> Medical Payments	<input type="checkbox"/> \$5,000 <input type="checkbox"/> Other \$ _____	\$
<input type="checkbox"/> Personal Injury Protection	<input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$10,000	\$
SURCHARGE		SURCHARGE PREM.
<input type="checkbox"/> Titled in Company Name	+ 10%	
<input type="checkbox"/> Driver Experience	+ _____%	
Total Surcharge	+ _____% + 100 = _____	
_____ X (_____ + _____) =		
Total Surcharge	Basic Prem. Optional Prem.	\$
UNINSURED / UNDERINSURED MOTORISTS BODILY INJURY & PROPERTY DAMAGE		UM / UIM PREM.
<input type="checkbox"/> \$25/50/15	<input type="checkbox"/> \$50/100/15	<input type="checkbox"/> \$100/300/15
OTHER		TOTAL OTHER
<input type="checkbox"/> Total Loss Replacement Cost		\$
<input type="checkbox"/> Additional Comprehensive Contents ACV up to \$ _____		\$
<input type="checkbox"/> TravelLine™ Towing and Roadside Assistance		\$
<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> Reasonable Exp. per disablement		\$
<input type="checkbox"/> Replacement Cost Contents Amount \$ _____		\$
GRAND TOTAL		GRAND TOTAL
(Basic Prem. + Optional Prem. + Surcharge Prem. + UM / UIM Prem. + Total Other)		\$

<input type="checkbox"/> STANDARD PROGRAM	RATING TERR.	RATE PLAN
<input type="checkbox"/> FULL PACKAGE		BASIC PREM.
Bodily Injury	\$ 100 / 300,000	
Property Damage	\$ 50,000	
Personal Injury Protection	\$ 5,000	
Other Than Collision	\$ ACV less deductible _____	
Collision	\$ ACV less deductible _____	
Towing/Roadside Assistance	\$ 100	\$
<input type="checkbox"/> LIABILITY ONLY		BASIC PREM.
Bodily Injury	\$ 100 / 300,000	
Property Damage	\$ 50,000	
Personal Injury Protection	\$ 5,000	\$
OPTIONAL LIMITS		OPTIONAL PREM.
<input type="checkbox"/> Bodily Injury	<input type="checkbox"/> \$25/50 <input type="checkbox"/> \$50/100 <input type="checkbox"/> \$250/500 <input type="checkbox"/> Other \$ _____	\$
<input type="checkbox"/> Property Damage	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$ _____	\$
<input type="checkbox"/> Medical Payments	<input type="checkbox"/> \$5,000 <input type="checkbox"/> Other \$ _____	\$
<input type="checkbox"/> Personal Injury Protection	<input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$10,000	\$
SURCHARGE		SURCHARGE PREM.
<input type="checkbox"/> Titled in Company Name	+ 10%	
<input type="checkbox"/> Multiple Owner	+ 30%	
<input type="checkbox"/> Driver Experience	+ _____%	
Total Surcharge	+ _____% + 100 = _____	
_____ X (_____ + _____) =		
Total Surcharge	Basic Prem. Optional Prem.	\$
UNINSURED / UNDERINSURED MOTORISTS BODILY INJURY & PROPERTY DAMAGE		UM / UIM PREM.
<input type="checkbox"/> \$25/50/15	<input type="checkbox"/> \$50/100/15	<input type="checkbox"/> \$100/300/15
OTHER		TOTAL OTHER
<input type="checkbox"/> Total Loss Replacement Cost		\$
<input type="checkbox"/> Comprehensive Contents ACV up to \$ _____		\$
<input type="checkbox"/> Emergency Expense \$750 per loss		\$
<input type="checkbox"/> TravelLine™ Towing/ Roadside Assistance		\$
<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> Reasonable Exp. per disablement		\$
<input type="checkbox"/> Replacement Cost Contents Amount \$ _____		\$
<input type="checkbox"/> Scheduled Med. Benefits per coverage part		\$
GRAND TOTAL		GRAND TOTAL
(Basic Prem. + Optional Prem. + Surcharge Prem. + UM / UIM Prem. + Total Other)		\$

<input type="checkbox"/> FULL TIMER (underwritten and issued as a separate policy by Foremost Insurance Company - Product Code 123)	
<input type="checkbox"/> Comprehensive Personal Liability	<input type="checkbox"/> \$ 50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000
A \$1000 limit for each person for Medical Payments to Others is included at no additional premium charge.	
	PREMIUM \$

<input type="checkbox"/> RECREATIONAL TOW TRUCK	<input type="checkbox"/> Preferred	<input type="checkbox"/> Standard	RATING TERR.	RATE PLAN
<p>MEDIUM DUTY TRUCKS used to tow a travel trailer Foremost insures and that have a GVWR over 10,000 pounds.</p> <p>A Recreational Tow Truck can be insured for ONLY coverages shown on the right. Towing & Roadside Assistance, Comprehensive Contents and Scheduled Medical Benefits are available on the companion Travel Trailer Policy and Full Timer Policy.</p> <p>* Call Customer Relations for rates or additional information.</p>	Coverage		Limit	Premium*
	<input type="checkbox"/> Bodily Injury		\$	\$
	<input type="checkbox"/> Property Damage		\$	\$
	<input type="checkbox"/> Personal Injury Protection		\$	\$
	<input type="checkbox"/> Other Than Collision		\$	\$
	<input type="checkbox"/> Collision		\$	\$
	<input type="checkbox"/> Uninsured Underinsured Motorists Bodily Injury & Property Damage			
GRAND TOTAL			\$	