



VACATION TRAVEL TRAILER APPLICATION

PART 1 - APPLICANT / PAYMENT DATA

LANGUAGE
 ENGLISH FRENCH

INSURANCE COMPANY _____

NEW POLICY

ADD TO EXISTING POLICY

POLICY NUMBER _____

1. APPLICANT'S FULL NAME AND POSTAL ADDRESS

FIRST NAME	MIDDLE NAME	LAST NAME	BROKER CLIENT ID
			BROKER / AGENT CODE
CONTACT NUMBER <input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME <input type="checkbox"/> FAX		CONTACT NUMBER <input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME <input type="checkbox"/> FAX	POSTAL CODE
E-MAIL ADDRESS		BROKER / AGENT BILL	CREDIT CARD
		COMPANY BILL	OTHER (SPECIFY)
		PAYMENT PLAN	BANK ACCOUNT WITHDRAWAL
POLICY PERIOD FROM	TIME : <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DATE YYYY MM DD	TO 12:01 A.M. DATE YYYY MM DD

All times are local times at the Applicant's postal address stated hereon.

2. APPLICANT DATA (If more than one applicant is shown above, provide details for both.)

OCCUPATION:	DATE OF BIRTH: YYYY MM DD	HAS THE APPLICANT CHANGED ADDRESSES WITHIN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
YEARS CONTINUOUSLY EMPLOYED:		IF YES, PROVIDE PREVIOUS ADDRESS:
OCCUPATION:	DATE OF BIRTH: YYYY MM DD	
YEARS CONTINUOUSLY EMPLOYED:		
YEARS CONTINUOUSLY INSURED:		

3. LOSS & POLICY HISTORY

HAVE THERE BEEN ANY LOSSES OR CLAIMS INVOLVING A TRAVEL TRAILER BY THE APPLICANT OR OTHER MEMBERS OF THE APPLICANT'S HOUSEHOLD IN THE PAST 5 YEARS, PAID OR NOT? YES NO IF YES, PROVIDE DETAILS

DATE	LOC. #	CAUSE OF LOSS	AMOUNT	INSURANCE COMPANY	POLICY NUMBER
YYYY MM DD					
YYYY MM DD					
YYYY MM DD					

HAS ANY INSURER CANCELLED, DECLINED, OR REFUSED TO RENEW OR ISSUE VACATION TRAVEL TRAILER INSURANCE TO THE APPLICANT WITHIN THE PAST 5 YEARS? YES NO

IF YES, PROVIDE DETAILS:

NAME OF PREVIOUS INSURER:	POLICY NUMBER:	EXPIRY DATE YYYY MM DD
LIST POLICY NUMBERS OF OTHER INSURANCE WITH THIS COMPANY:		EXPIRY DATE YYYY MM DD

4. PREMIUM SUMMARY AND METHOD OF PAYMENT: (The estimated insurance premiums are subject to adjustment to the insurer's current manual rates.)

DISCOUNTS / SURCHARGES	BASE <input checked="" type="checkbox"/>	POLICY <input checked="" type="checkbox"/>	%	\$	PREMIUM SUMMARY	
						\$
DISCOUNTS					ESTIMATED PREMIUMS	
					1. BASE	
					2. ADDITIONAL COVERAGES	
					ESTIMATED SUB TOTAL	
					LESS DISCOUNTS	
					PLUS SURCHARGES	
					ESTIMATED POLICY PREMIUM	
					TAXES (IF APPLICABLE) _____%	
					TAX EXEMPT CODE	
					HANDLING CHARGE	
SURCHARGES					TOTAL ESTIMATED PREMIUM	

NUMBER OF PAYMENTS	FULL PREMIUM PAID \$	FINANCIAL INSTITUTION	TRANSIT	ACCT #
<input type="checkbox"/> ONE <input type="checkbox"/> TWO	INITIAL PAYMENT \$	CREDIT CARD TYPE	NUMBER	EXPIRY DATE MM YY
<input type="checkbox"/> THREE <input type="checkbox"/> MONTHLY	WITHDRAWAL DATE YYYY MM DD	CARD HOLDER NAME		
<input type="checkbox"/> OTHER (EXPLAIN IN REMARKS)	MONTHLY PAYMENTS: Months @ \$	SIGNATURE	(See disclosure on page 2)	

5. BROKER / AGENT QUESTIONNAIRE

IS THIS BUSINESS NEW TO YOUR OFFICE? YES NO HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ HAVE YOU BOUND THIS RISK? YES NO

PHOTOS ON FILE? YES NO CONDITION OF VACATION TRAVEL TRAILER? GOOD FAIR POOR

ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW? YES NO IF YES, PLEASE EXPLAIN:

REMARKS:

NOT ALL COVERAGES LISTED ON THIS FORM MAY BE AVAILABLE. PLEASE REFER TO YOUR BROKER/AGENT AND/OR COMPANY.

6. LOSS PAYEES NAME, ADDRESSES AND POSTAL CODES NATURE OF INTEREST

1ST	
2ND	
3RD	

7. TRAILER DETAILS

TYPE OF TRAILER: CABIN TRAILER CAMPER UNIT FIFTH WHEEL CABIN TRAILER TENT TRAILER OTHER (SPECIFY) _____

YEAR BUILT _____ LENGTH _____ FEET METRES MANUFACTURER _____ MODEL _____

IDENTIFICATION/SERIAL # _____ CSA APPROVED? YES NO PURCHASE DATE _____ YYYY | MM | DD

PURCHASE PRICE \$ _____ NEW USED LICENSE PLATE NUMBER _____ LICENSED PROVINCE / STATE _____

LICENSED FOR ROAD USE? YES NO

IS THE TRAILER TAKEN INTO THE UNITED STATES? YES NO IF YES, HOW MANY DAYS PER YEAR? _____

WHERE IS THE TRAILER STORED? ON PREMISES INSIDE ON PREMISES OUTSIDE

OFF PREMISES INSIDE OFF PREMISES OUTSIDE OTHER (SPECIFY) _____

STORAGE ADDRESS IF DIFFERENT FROM INSURED'S MAILING ADDRESS _____

IS THE TRAILER PERMANENTLY PARKED? YES NO IF NO, LONGEST PERIOD PARKED FOR: _____ (IN DAYS)

LIST THE NAMES AND ADDRESSES OF ALL TRAILER PARKS WHERE TRAILER PARKED FOR MORE THAN 30 DAYS: _____

TYPE OF USE: PLEASURE OTHER (SPECIFY) _____

CONSTRUCTION TYPE: ALUMINUM FIBERGLASS MONOCOQUE OTHER (SPECIFY) _____

HEATING TYPE: ELECTRIC GAS OTHER (SPECIFY) _____

OWNED AND OCCUPIED BY INSURED? YES NO IF NO, SPECIFY _____

RENTED OR LEASED TO OTHERS? YES NO IF YES, SPECIFY _____

8. POLICY AND COVERAGE INFORMATION

AMOUNT OF INSURANCE

TRAILER \$ _____	<input type="checkbox"/> ALL RISKS <input type="checkbox"/> NAMED PERILS	TEMPORARY ATTACHMENTS \$ _____
CONTENTS \$ _____	<input type="checkbox"/> ALL RISKS <input type="checkbox"/> NAMED PERILS	EMERGENCY ROAD SERVICE \$ _____
DEDUCTIBLE \$ _____		ADDITIONAL LIVING EXPENSES \$ _____

REMARKS: _____

9. DISCLOSURE

Where (A) an applicant for this contract gives false particulars to the prejudice of the insurer or misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (B) the insured contravenes a term of the contract or commits a fraud; or (C) the insured makes a false statement in respect of a claim, a claim will become invalid and the insured's right to recovery is forfeited.

The applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The applicants consent to the collection, use, and disclosure by the insurer of personal, credit, factual record, premium payment or claims history information in connection with this application for insurance or renewal, extension, variation or cancellation thereof for the purposes necessary to assess the risk, investigate and settle claims and detect and prevent fraud.

SIGNATURE OF APPLICANT ▼	DATE ▼	SIGNATURE OF APPLICANT ▼	DATE ▼
	YYYY MM DD		YYYY MM DD