



# 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
POSTAL 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		
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:	HAS THE APPLICANT CHANGED ADDRESSES WITHIN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
YEARS CONTINUOUSLY EMPLOYED: DATE OF BIRTH: YYYY   MM   DD	IF YES, PROVIDE PREVIOUS ADDRESS:
OCCUPATION:	
YEARS CONTINUOUSLY EMPLOYED: DATE OF BIRTH: YYYY   MM   DD	
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	POLICY	%	\$	PREMIUM SUMMARY		\$
DISCOUNTS						ESTIMATED PREMIUMS		
						1. BASE		
						2. ADDITIONAL COVERAGES		
						<b>ESTIMATED SUB TOTAL</b>		
						LESS DISCOUNTS		
						PLUS SURCHARGES		
SURCHARGES						<b>ESTIMATED POLICY PREMIUM</b>		
						TAXES (IF APPLICABLE) _____%		
						TAX EXEMPT CODE		
						HANDLING CHARGE		
						<b>TOTAL ESTIMATED PREMIUM</b>		

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:



# VACATION TRAVEL TRAILER APPLICATION

## PART 2 - TRAILER DETAILS

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 \$ \_\_\_\_\_  ALL RISKS  NAMED PERILS

CONTENTS \$ \_\_\_\_\_  ALL RISKS  NAMED PERILS

TEMPORARY ATTACHMENTS \$ \_\_\_\_\_

EMERGENCY ROAD SERVICE \$ \_\_\_\_\_

ADDITIONAL LIVING EXPENSES \$ \_\_\_\_\_

DEDUCTIBLE \$ \_\_\_\_\_

#### REMARKS:

### 9. CONSENT AND 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.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

SIGNATURE OF APPLICANT ▼

DATE ▼

SIGNATURE OF APPLICANT ▼

DATE ▼

YYYY | MM | DD

YYYY | MM | DD