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HOLIDAY TRAILER APPLICATION

☐ PAC ☐ Direct Bill ☐ Agency Bill							Broker Code					
Applicant's Full Name (Last name, First name)							Broker Name					
Mailing Address (including Postal Code)							Broker Address (City)					
Tel: Home Work							E-Mail					
() -												
Risk Location (Address including Postal Code)							Name and Address of Mortgagee(s)					
Policy Period	Day	Month	th Year		Day		h Year			_	NTH POLICY TER	_
From				То				12:01 a.m. Standard Time at the Postal Address of the Applicant as stated herein.				
Loss & Policy History State all losses or claims by the applicant or members of the applicant's household in the past 5 years											years	
Date of Loss	ate of Loss Cause							Amount Paid		l l	Insurance Company	
Has any Insurer cancelled, declined or refused to renew or issue Park Model Insurance to the applicant within the past 3 years? YES NO If YES, please provide details: Name of previous insurance carrier Previous Policy Number Previous Policy Expiry Date Does the applicant have valid insurance on their primary residence? YES NO (Refer to underwriting)												
Name of insurance carrier							Policy Number Policy Expiry Date					
DESCRIPTION OF HOLIDAY TRAILER INSURED												
Model Year Trade name				Length			Model					
Model Leal		Hairie			L	.ength		Model			Serial Num	ber
Wodel Teal	- Hade	rianie			L	ength		Model			Serial Num	ber
Wodel Feat	- Trade		IDAY TRAI	LER CO				Model				BLE \$300
Widder Fear			IDAY TRAI	LER CO					ERGE	NCY		
Is the applicant	PAC the origi	HOL KAGES		AMO		E PERS	SONAL	EMI VA	ERGEI ACATION XPENS	ON		
Is the applicant Yes N Package 1:	PAC the origi lo If No, Guarante	HOL KAGES nal owner?	/ailable Cost (<5	AMO	OVERAGI	PERS PROF	SONAL	EMI V/ E	ACATIO	ON SE	DEDUCTI	BLE \$300
Is the applicant Yes N Package 1: model years Package 2:	PACI the origi lo If No, Guarante & original Replace	HOL KAGES nal owner? Package 1 not aved Replacement	vailable Cost (<5 e price)	AMO INSU	OVERAGI	PERS PROF 15% co	SONAL PERTY of trailer	EMI V/ E	ACATION XPENS	ON SE	OUT BUILDING	IBLE \$300 PREMIUM
Is the applicant Yes N Package 1: model years Package 2: years) Actu Package 3:	PACI the origi lo If No, Guarante & original Replace al Cash \(\) Standard	HOL KAGES nal owner? Package 1 not aved Replacement owner, full purchas ment Cost (<14 mo	vailable Cost (<5 ie price) odel	AMO INSU	OVERAGI	PERS PROF 15% c 15% c	SONAL PERTY of trailer alue of trailer	EMI V/ E	ACATION XPENS	ON SE O	OUT BUILDING \$1,000	IBLE \$300 PREMIUM
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Is the applicant Yes N Package 1: 4 model years Package 2: years) Actu Package 3: years) Actu SPECIAL COV \$1,000,000 Emergency	PACI the original original Replace al Cash Standard al Cash Standard al Cash Standard al Cash Standard Reades Compre	HOL KAGES nal owner? Package 1 not avec Replacement owner, full purchas ment Cost (<14 movalue All Risk d Package (>14 movalue Named per to Holiday Trainensive Personal de Assistance + \$6	vailable Cost (<5 e price) odel odel ils ler Liability - \$	AMOINSU \$ \$ \$	OVERAGI UNT OF RANCE	PERS PROF 15% c va 15% c va 15% c	GONAL PERTY of trailer alue of trailer alue of trailer	EMI V/ E	\$2,000 \$2,000 \$2,000	ON SE O	OUT BUILDING \$1,000 \$1,000 \$2,000	PREMIUM \$ \$ PREMIUM
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Is the applicant Yes N Package 1: model years Package 2: years) Actu Package 3: years) Actu SPECIAL COV \$1,000,000 Emergency Full timers 0 Golf Cart Li Consumer and pr	PACI the origi lo If No, Guarante & original Replace al Cash Standare al Cash ERAGES Compre Roadsid Contents ability Exercious Insection	HOL KAGES nal owner? Package 1 not aved Replacement owner, full purchas ment Cost (<14 movalue All Risk de Package (>14 movalue Named per to Holiday Trainensive Personal de Assistance + \$10 per to	vailable Cost (<5 e price) odel odel ils ler Liability - \$ 65 00 = \$200 p	AMO INSU \$ \$ continue the second of the se	OVERAGI UNT OF IRANCE	PERS PROF 15% 0 va 15% 0 va	of trailer alue	EMI V/ E.	\$2,000 \$2,000 \$2,000	ON SE)))	OUT BUILDING \$1,000 \$1,000 \$2,000	PREMIUM \$ \$ PREMIUM \$ \$ PREMIUM \$

Please Note:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of South Western Insurance Group Ltd.'s insurance business in Canada.