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VACATION TRAILER /CAMPER UNIT / MOTOR HOME APPLICATION/POLICY

NEW BUSINESS PAC BILL Replacing Policy No: _____ VACATION TRAILER **POLICY NUMBER**
 RENEWAL DIRECT BILL Reason for amendment: _____ CAMPER UNIT **ETT**
 ENDORSEMENT AGENCY BILL MOTORHOME CLASS: A C

DECLARATIONS: Insurance is provided with respect to the following coverage to the extent of the specified limits of insurance applicable to each, subject to the provisions herein and attached Forms and Endorsements.

BROKER:						BROKER NUMBER:					
NAME OF INSURED (Last name followed by first name)						DATE OF BIRTH: <small>(Day/Mo/Yr)</small>					
POSTAL ADDRESS (Street Address or Postal Box)									POSTAL CODE		
LOSS PAYABLE (include Street Address or Postal Box)									POSTAL CODE		
POLICY PERIOD FROM	DAY	MONTH	YEAR	TO	DAY	MONTH	YEAR	12 MONTH POLICY TERM ONLY 12:01 A.M. Standard Time at the Named Insured's Postal Address as stated herein.			
THIS POLICY CONTAINS A CLAUSE THAT MAY LIMIT THE AMOUNT PAYABLE. THIS POLICY CONTAINS EXCLUSIONS, RESTRICTIONS, AND SPECIAL LIMITS OF COVERAGE FOR DIFFERENT TYPES OF PROPERTY.											
RECREATIONAL VEHICLE DESCRIPTION											
YEAR	TRADE NAME		MODEL			LENGTH <small>Feet</small>		SERIAL NUMBER			
TYPE OF COVERAGE			DEDUCTIBLE	AMOUNT OF INSURANCE	PERSONAL PROPERTY	EMERGENCY VACATION EXPENSE	DETACHED PRIVATE STRUCTURES	PREMIUM			
<input type="checkbox"/> STANDARD <small>ACTUAL CASH VALUE / NAMED PERILS</small>			\$	\$	\$	\$100 a day / \$1,000 max.	\$2,500	\$			
<input type="checkbox"/> REPLACEMENT COST <small>REPLACEMENT COST / ALL RISKS</small>			\$	\$	\$	\$100 a day / \$1,000 max.	\$2,500	\$			
<input type="checkbox"/> DELUXE <small>GUARANTEED REPLACEMENT COST/ALL RISK</small>			\$	ACTUAL AMOUNT OF LOSS	\$	\$200 a day / \$2,000 max.	\$5,000	\$			
FOR DELUXE COVERAGE: The retail value (current model year, brand new, include taxes) of the above unit is \$_____											
USE & OCCUPANCY						SPECIAL COVERAGES & DISCOUNTS					
Recreational use only <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, refer to company)										\$	
Use as a residence <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, refer to company)										\$	
						TOTAL PREMIUM				\$	

LOSSES IN THE PAST 3 YEARS:

CONSENT AND DISCLOSURE: Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly 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 willfully 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

.....
AUTHORIZED REPRESENTATIVE

DATE :

BROKER COPY INSURED COPY COMPANY COPY

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.