

VACATION TRAILER/CAMPER UNIT APPLICATION

Quote Only Please Bind

APPLICANT(S):	LIENHOLDER:
Address:	Address:
City:	City:
Postal Code:	Postal Code:
Phone: (Res.):	(Bus.):

RATING INFORMATION

Driver's License# (Please list all operators, date of birth)	Driving Record and Accidents (last 3 years)

Previous Insurer: _____ Policy # _____

Loss History (in last three years) _____

Have you ever had any insurance refused or cancelled? Yes No Reason: _____

Unit permanently situated in the U.S. Unit used as a permanent residence Pleasure use only

COVERAGES

Policy Form: Premier Superior (All Risk, Guaranteed Repl. Cost) Premier Choice (All Risk, Repl. Cost)
 Standard Package (Specif. Perils, ACV) Premier Optional Coverage A

Insurance Effective: _____

Type of Unit: Vacation Trailer Folding Camper Trailer Fifth Wheel Trailer Horse Trailer
 Tent Trailer Utility Trailer Toy Hauler

Year:	Length:	PREMIUM:
Model:	Manufacturer:	Add for Deductible: \$
Serial #:	Purchase Price: \$	Mature Discount: \$
Date Purchased:		Optional Coverage: \$
Value: \$		Policy Fee: \$ 25
Deductible: \$		Total Premium: \$

DECLARATION / CONSENT

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited 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 fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

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 personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such 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.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Date: _____ Signature of the Applicant: _____

Brokerage Firm: _____ Signature of Broker: _____

Broker Return Fax #: _____ Broker Email: _____

Premier Marine Insurance Managers Group (WEST) Inc. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizrec@premiergroup.ca ****

Vancouver - T 604.669.5211 F 604.669.2667 Toronto - T 416.365.0444 F 416.365.0446