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ELITE PARK MODEL APPLICATION FORM

PAC Direct Bill Agency Bill

Elite 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	Year		Day	Month	Year	12 MONTH POLICY TERM ONLY 12:01 a.m. Standard Time at the Postal Address of the Applicant as stated herein.
From				To				

Loss & Policy History State all losses or claims by the applicant or members of the applicant's household in the past 5 years

Date of Loss	Cause	Amount Paid	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 PARK MODEL INSURED				
Model Year	Trade name	Length	Model	Serial Number

PARK MODEL PACKAGES	DEDUCTIBLE
Is the insured the original owner? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Package 1 not available	\$300
<input type="checkbox"/> Package 1: Guaranteed Replacement Cost: All Risk (<5 years & original owner, full purchase price)	
<input type="checkbox"/> Package 2: Replacement Cost: All Risk (<14 model years)	
<input type="checkbox"/> Package 3: Standard: ACV Named Perils (>14 model years)	

PROPERTY COVERAGES				LIABILITY COVERAGES			PREMIUM
Park Model Amount of Insurance	Outbuilding	Personal Property	Emergency Vacation Expenses	Comprehensive Personal Liability	Voluntary Medical Payments	Voluntary Property Damage	
\$	10% of Park Model Value	40% of Park Model Value	\$1,000	\$1,000,000	\$5,000	\$1,000	\$

Golf Cart Liability Extension + \$25 **\$**

APPLICABLE TAX **\$**

Consumer and previous Insurer reports containing personal, factual or investigative information about the applicant may be sought in connection with this application for insurance of a renewal, extension or variation thereof. The answers above are correct to the best of my knowledge.

	Total Premium	\$
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_____ Signature of Insured(s)	_____ Date	_____ Signature of Broker
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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.