



ELITE HOLIDAY TRAILER APPLICATION FORM

PAC Direct Bill Agency Bill

INSURANCE IS PROVIDED FOR ONLY THOSE COVERAGES FOR WHICH FORMS ARE SPECIFIED AND A SPECIFIC LIMIT OF INSURANCE OR PREMIUM IS STATED BELOW

Applicant's Full Name (Last name, First name)	BROKER NAME: Broker Address: City: Postal Code: Broker Code:
Mailing Address (including Postal Code) Street: City: P/C Tel. Home () - Work () -	Name and address of MORTGAGEE(S):
Risk Location (Address including Postal Code):	

POLICY PERIOD	DAY	MONTH	YEAR		DAY	MONTH	YEAR	
FROM				TO				12 MONTH POLICY TERM ONLY 12:01 A.M. Standard Time at the Postal Address of the Named Insured 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.

Date of Loss	Cause	Amount Paid	Insurance Company

Has any insurance company cancelled, declined, or refused to renew or issue Trailer 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	Serial Number

HOLIDAY TRAILER COVERAGE DEDUCTIBLE \$200

PACKAGES	AMOUNT OF INSURANCE	PERSONAL PROPERTY	EMERGENCY VACATION EXPENSE	OUT BUILDING	PREMIUM
Is the insured the original owner? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Package 1 not available					
<input type="checkbox"/> Package 1: Guaranteed Replacement Cost (<5 model years & original owner, full purchase price)	\$	15% Of Trailer Value	\$2,000	\$ 1,000	\$
<input type="checkbox"/> Package 2: Replacement Cost (<14 model years) Actual Cash Value All Risk	\$	15% Of Trailer Value	\$2,000	\$ 1,000	\$
<input type="checkbox"/> Package 3: Standard Package (>14 model years) Actual Cash Value Named Perils	\$	15% Of Trailer Value	\$1,000	\$ 1,000	\$

SPECIAL COVERAGES to Holiday Trailer	PREMIUM
<input type="checkbox"/> \$1,000,000 Comprehensive Personal Liability + \$20	\$
<input type="checkbox"/> Emergency Roadside Assistance +\$65	\$
<input type="checkbox"/> Full Timers Contents Package \$15,000=\$200 premium. Must add \$1,000,000 Comprehensive Personal Liability above.	\$
<input type="checkbox"/> Golf Cart Liability Extension +\$25	\$

Consumer and previous insurer reports containing personal, factual or investigative information about the applicant may be sought in connection with this application for insurance or a renewal, extension or variation thereof. The answers above are correct to the best of my knowledge and belief.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Total Premium</td> <td style="width: 30%; text-align: center;">\$</td> </tr> <tr> <td colspan="2" style="height: 40px; vertical-align: bottom;"> <div style="border-top: 1px solid black; width: 100%; margin-bottom: 5px;"></div> Broker's Signature </td> </tr> </table>	Total Premium	\$	<div style="border-top: 1px solid black; width: 100%; margin-bottom: 5px;"></div> Broker's Signature	
Total Premium	\$				
<div style="border-top: 1px solid black; width: 100%; margin-bottom: 5px;"></div> Broker's Signature					
SIGNATURE OF INSURED(S) _____	DATE _____				