

ELITE HOLIDAY TRAILER APPLICATION FORM

PAC DI	DED FOR ONL	Y THOSE COVERAGI	ES FOR WHICH FORMS A	RE SPECIFIED AN	1) A SPECIEIC	HAT OF INO	Dauge on one		
INSURANCE IS PROVIDED FOR ONLY THOSE COVERAGES FOR WHICH FORMS ARE SPECIFIED AND Applicant's Full Name (Last name, First name)							JRANCE OR PREMI	UM IS STATED BELOV	<u> </u>
					BROKER NAME:				
Mailing Address (including Postal Code)					Broker Address:				
Street:					City:				
City: P/C					Postal Code:				
Tel. Home () - Work () -					Broker Code:				
Risk Location (Address including Postal Code):									
					Name and address of MORTGAGEE(S):				
						-			
POLICY PERIOD	DAY	MONTH Y	EAR	DAY M	ONTH Y	'EAR	12 MONTS	J POLICY TEI	PM ONLY
FROM			то					12 MONTH POLICY TERM ONLY 12:01 A.M. Standard Time at the Postal Address of the Named Insured as stated herein.	
	LICY	STORY	e all losses or claims by	the applicant or	members of	ne acolcan	s nousenoud in th	e neer 5 veers	
Date of Loss	Cau	se	-			Amoun		Insurance Con	ipany
Has any insurance co	mpany cance	elled, declined, or re	ofused to renew or issue	Trailer insuranc	e to the appli	cant within th	e past 3 years?	YES NO)
If YES, please provide details: Name of previous insurance carrier: Previous Policy Number:						Previous Policy Expiry Data:			
Does the applicant h	ave valid insu	rance on their prim	ary residence? : Y	_	Refer to under	writina)		Expiry Doto.	
Name of Insurance of	arrier:	•	Policy Numb	per:	TOTAL MINUS	ming,	Policy Expiry D	ate:	
	en e		x						
No. of the contract of the con			DESCRIPTION	DE HOLIDA	YTRAIL	ERINGII	DERI		
Model Year	Trade Nar		DESCRIPTION (-RUNSU			
Model Year	Trade Nar			DE TO LIDΑ Length	Model	azainsu	RED Serial N	umber	
Model Year	Trade Nar				Model	arainsa Arainsa		Born Schale Fine and Con-	
		ne		Length	Model		Serial N	umber	
PA	CKAGE	ne S	AMOUNT OF	PERSON	Model Conversion	EME	Serial N	Born Schale Fine and Con-	TELESCOOL
PA Is the insured the o	CKAGE:	ne S ar?		Length	Model Conversion	EME VAC	Serial N		PREMIUM
PA Is the insured the o Yes ☐ No ☐ If No, Pack ☐ Package 1: Gua	CKAGES riginal owner range 1 not a	S er?	AMOUNT OF INSURANCE	PERSON PROPER	Model Model	EME VAC	Serial N RGENCY CATION	OUT	PREMIUM
PA Is the insured the o Yes ☐ No ☐ If No, Pack ☐ Package 1: Gua (<5 model years & price)	CKAGES riginal owner range 1 not a ranteed Re original own	S er? evallable placement Cost er, full purchase	AMOUNT OF INSURANCE	PERSON	Model Model	EME VAC EX	Serial N RGENCY CATION	OUT	PREMIUM \$
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PA Is the insured the o Yes ☐ No ☐ If No, Pack ☐ Package 1: Gua (<5 model years & price) ☐ Package 2: Rep years) Actual Cash ☐ Package 3: Star	CKAGE: riginal owner range 1 not a ranteed Re original own lacement C Value All R	S er? available placement Cost ier, full purchase ost (<14 model lisk	AMOUNT OF INSURANCE \$	PERSON PROPER 15% Of T	Model AL Trailer Trailer	EME VAC EX	RGENCY CATION PENSE 2,000	OUT BUILDING \$ 1,000 \$ 1,000	\$ \$
PA Is the insured the o Yes	CKAGE: riginal owner ranteed Re- original own accement C Value All R dard Packa Value Narr	S available placement Cost er, full purchase ost (<14 model isk age (>14 model	AMOUNT OF INSURANCE	PERSON PROPER 15% Of T Value 15% Of T Value	Model AL Trailer Trailer	EME VAC EX	RGENCY CATION PENSE	OUT BUILDING \$ 1,000	\$ \$ \$
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