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## HOLIDAY TRAILER APPLICATION

PAC    Direct Bill    Agency Bill

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	<b>12 MONTH POLICY TERM ONLY</b> 12:01 a.m. Standard Time at the Postal Address of the Applicant as stated herein.
<b>From</b>				<b>To</b>				

**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 HOLIDAY TRAILER INSURED				
Model Year	Trade name	Length	Model	Serial Number

HOLIDAY TRAILER COVERAGE				DEDUCTIBLE \$300	
PACKAGES	AMOUNT OF INSURANCE	PERSONAL PROPERTY	EMERGENCY VACATION EXPENSE	OUT BUILDING	PREMIUM
Is the applicant the original owner? <input type="checkbox"/> Yes <input type="checkbox"/> No   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	<b>\$2,000</b>	<b>\$1,000</b>	\$ _____
<input type="checkbox"/> Package 2: Replacement Cost (<14 model years) Actual Cash Value All Risk	\$	15% of trailer value	<b>\$2,000</b>	<b>\$1,000</b>	\$ _____
<input type="checkbox"/> Package 3: Standard Package (>14 model years) Actual Cash Value Named perils	\$	15% of trailer value	<b>\$2,000</b>	<b>\$2,000</b>	\$ _____

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. <b>Must add \$1,000,000 Comprehensive Liability above</b>	\$ _____
<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 of a renewal, extension or variation thereof. The answers above are correct to the best of my knowledge.

	<b>Total Premium</b>	\$ _____
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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.