

Intact Insurance Company

Vacation Trailer/Camper Unit Application

1a. Risk Details										
Applicant/Insured:							Broker Name:			
Postal Address:							Postal Code:		Broker Code:	
Policy period	From	Day	Month	Year	To	Day	Month	Year	All times are local times at the applicant's address stated herein.	Date of birth
	12:01 A.M.				12:01 A.M.					(dd/mm/yyyy)
Loss Payable/Lienholder name & Address:										
b. Has any insurer cancelled, declined or refused to renew or issue vacation trailer/camper unit insurance in the past 5 yrs? <input type="checkbox"/> Yes <input type="checkbox"/> No										
c. Previous Carrier name					Policy Number			Expiry Date (dd/mm/yyyy)		
2. Description of Vacation Trailer/Camper Unit										
Year	Manufacturer				Model		Serial #		Length	
									<input type="checkbox"/> Ft <input type="checkbox"/> M	
Trailer Type				Date Purchased (dd/mm/yyyy)			Is the trailer/camper unit leased or rented to others?			
<input type="checkbox"/> Cabin Trailer		<input type="checkbox"/> Camper Unit		<input type="checkbox"/> New <input type="checkbox"/> Used			<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Fifth Wheel		<input type="checkbox"/> Tent Trailer								
3. Loss History Provide details of any vacation trailer/camper unit losses within the past 5 years.										
Date of Loss (dd/mm/yyyy)				Description of Loss					Paid Amount	
4. Coverage and Premium										
Coverage				Amount of Insurance				Deductible		
Section A: Trailer/Camper Unit				\$				<input type="checkbox"/> \$500 or \$		
Section B: Contents				\$						
Section C: Additional Living Expenses				25% or \$2,000 (whichever is greater)				Premium		
Section D: Emergency Road Service Expense				\$500						
Temporary Attachments				\$				\$		
<p>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 contravenes a term of the contract or commits a fraud; or (c) the Insured wilfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right to recovery is forfeited.</p> <p>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.</p> <p>I have provided personal information in this document and otherwise and I may in the future provide further personal information. I authorize my broker or insurance company to collect, use and disclose or verify any personal information using recognized organizations, as necessary, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. Some of this personal information may include, but is not limited to, my credit information and claims history. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.</p>										
Applicant/Insured Signature(s):								Date (dd/mm/yyyy):		
Broker Signature:								Date (dd/mm/yyyy):		