

## VACATION TRAILER/CAMPER UNIT - APPLICATION FORM

APPLICANT \_\_\_\_\_ LIENHOLDER \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ City \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: (Res.) \_\_\_\_\_ (Bus.) \_\_\_\_\_

### RATING INFORMATION

Driver's License# (Please list all operators, date of birth) \_\_\_\_\_ Driving Record and Accidents (last 3 years) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Insurer: \_\_\_\_\_ Policy# \_\_\_\_\_  
Loss History (in last three years) \_\_\_\_\_

Have you ever had any insurance refused or cancelled? ( ) Reason: \_\_\_\_\_

Unit permanently situated in the U.S.  Unit used as a permanent residence  Pleasure use only

### COVERAGES

#### Policy Form:

*Premier Superior (All Risk, Guaranteed Repl. Cost)*  *Premier Choice (All Risk, Repl. Cost)*  *Standard Package (Specif. Perils, ACV)*

*Premier Optional Coverages A*  Insurance Effective: \_\_\_\_\_

Type of Unit: Vacation trailers  Folding camper trailer  Fifth wheel trailers   
Horse trailers  Tent trailers  Utility trailers

Year: \_\_\_\_\_ Length: \_\_\_\_\_

Model: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Serial #: \_\_\_\_\_ Purchase price: \$ \_\_\_\_\_

Date Purchased: \_\_\_\_\_

Value: \$ \_\_\_\_\_

Deductible: \$ \_\_\_\_\_

PREMIUM: \$ \_\_\_\_\_  
Add for Deductibles: \$ \_\_\_\_\_  
Mature Discount: \$ \_\_\_\_\_  
Optional Coverage: \$ \_\_\_\_\_  
Policy Fee: \$ **25** \_\_\_\_\_  
Total Premium: \$ \_\_\_\_\_

A consumer report containing personal, credit, factual, or investigative information about the applicant may be sought in connection with this application for insurance or any renewal, extension or variation thereof. It is understood that the personal information, furnished through this request, will be used by the Premier Marine Insurance Managers Group or The Sovereign General Insurance Company for investigation and determination of the possible applicability of insurance, and for such other lawful purposes in accordance with any federal or provincial laws that may apply. I understand that the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the company to accept the risk.

NOTE: INSURANCE IS NOT EFFECTIVE UNTIL A PREMIER MARINE BINDER NUMBER IS ISSUED.

Date: \_\_\_\_\_ Signature of the Applicant: \_\_\_\_\_

Brokerage Firm: \_\_\_\_\_ Signature of Broker: \_\_\_\_\_

Broker Return Fax#: \_\_\_\_\_

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