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Application Form for Holiday Trailer / Camper Coverage

Applicant Information

1. Broker: _____
2. Date: _____
3. Applicant's Name: _____
4. Mailing Address: _____
5. Occupation of Applicant: _____
6. Date of Birth: _____
7. Name and Address of Mortgagee(s): _____
8. List ALL claims or losses for the last 5 years (any and all properties owned or occupied by the insured/client):

Date	Cause	Amount	Company	Policy Number

9. Risk/Park Address (Address including postal code)

10. Policy Period (12 month term only) _____
11. Has any insurer cancelled, declined or refused to renew or issue coverage to the applicant within the past 5 years? If YES, please provide details:

12. Name of previous insurer carrier (include policy number and expiry date):

13. Does the applicant have valid insurance on their primary residence (include insurance carrier, policy number, and expiry date)?:

Description of Holiday Trailer / Camper Insured

14. Model Year: _____

15. Manufacturer: _____

16. Model: _____

17. Length: _____

18. Serial Number: _____

19. New or Used: _____

20. Is the trailer/camper unit leased or rented to others? _____

21. Please provide details of any updates or modifications to the unit:

Holiday Trailer Coverage

Holiday Trailer Coverage: _____

Limit of Insured for Trailer/Camper: \$ _____

Coverage: Broad Form _____ Named Perils _____

Settlement: Replacement Cost _____ ACV _____
(Replacement cost only consider for units less than 10 years of age)

Personal Property Limit: \$ _____
(up to maximum of 20% of trailer value)

Personal Liability Limit: \$1,000,000 _____

Golf Cart Liability Extension Required?

Yes No

Date: _____ Signature of Broker: _____