

RECREATIONAL VEHICLE – APPLICATION

COVERAGE FORMS, LIMITS & DEDUCTIBLES		LIMIT	DEDUCTIBLE
NAMED PERILS - ACV (ACTUAL CASH VALUE)		\$	\$
“ALL RISKS” - RC (REPLACEMENT COST OF NEW UNIT INCLUDING TAXES) (REPLACEMENT COST/BROADFORM)		\$	\$
“ALL RISKS” - GRC (GUARANTEED REPLACEMENT COST)		ACTUAL AMOUNT OF LOSS	\$
RETAIL REPLACEMENT COST OF NEW UNIT INCLUDING TAXES \$			
PREMIUM SUMMARY:		REMARKS	
BASE PREMIUM			
SECURE, SUPERVISED R.V. PARK DISCOUNT (FENCED, GATED & CARETAKER ON PREMISES 365 DAYS A YEAR)			
MATURE CITIZENS DISCOUNT			
OTHER CHARGES/CREDIT(DESCRIBE) -			
TOTAL ESTIMATED PREMIUM			
ADDITIONAL INSURED			
Name	D.O.B.	Relationship to Insured	
<p>CONSENT In accordance with the Act Respecting the Protection of Personal Information in the Private Sector</p> <p>If it should be necessary for the purpose of my file, I, undersigned, the applicant specifically consent that my broker and my insurers, for the time required to fulfil their functions:</p> <p>(A) Gather all the pertinent necessary information from the holders of my prior insurance files, intermediaries in the insurance industry, insurance companies, financial institutions, credit agencies, government records establishing driving experience, prevention, detection or repression of crime agencies and institutions that gather and compile data on insurance risks and losses.</p> <p style="margin-left: 20px;">-For the purpose of establishing the premium and the assessment of risk; and , (if you would like to consent now)</p> <p style="margin-left: 20px;">-For the purpose of verification, assessment and the settlement of losses;</p> <p>Furthermore, I authorize my broker to sign on my behalf any request or form that may be necessary in order to gather information concerning me.</p> <p>(B) Disclose, in the case of my broker, the information obtained to insurers with whom he is doing business; when it is my insurers, to institutions that gather and compile data on insurance risks and losses and prevention, detection or repression of crime agencies. Solely the employees, mandatories or representatives of my broker, insurers or of institutions referred to in this paragraph will have access to this information when required within the execution of their functions.</p> <p>Furthermore, I consent that holders of information concerning me and covered by the present consent be released from their confidentiality undertaking and that they convey the required information to my broker, my insurers, their employees, trainees or representatives.</p> <p>I acknowledge having been informed of my right to access to information obtained by virtue of the present consent and to have it corrected, if need be.</p> <p>Furthermore, I acknowledge having been informed that I may address all questions regarding the present consent to my broker and/or my insurers, their employees, trainees or representatives.</p> <p>The total estimated policy premium is subject to adjustment to the insurer’s manual premium for the risk.</p> <p>All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present application for insurance.</p> <p>The answers in all parts of this application are correct to the best of my (our) knowledge and belief.</p>			
Signature of Applicant	Date	Signature of Co-Applicant	Date
Signature of Additional Insured	Date	Signature of Additional Insured	Date
Signature of Broker/Agent		Date	