Administered By

RECREATIONAL VEHICLE - APPLICATION								
INSURANCE	E COMPANY:			POLICY NUMBER:		□ NEW		
					☐ POLICY CHANGE			
APPLICANT	'S NAME (SURNAME / FII	RST / SECOND)	AND POSTAL ADDRESS	BROKER/AGENT	ROKER/AGENT BROKER /PRODUCER CODE:			
POSTAL C PHONE #: APPLICAN First App	NT'S DATE OF BIRTH (d App	UNDERWRITERS INSURANCE AGENCIES (POWELL RIVER) LTD. 4510 JOYCE AVE POWELL RIVER, BC V8A 3A9				
EFFECTIVE DATE (MM/DD/YY)		TIME	EXPIRY DATE (MM/DD/YY)	All times are local time address stated herein	All times are local times at the applicant's postal address stated herein			
	POLICY HISTORY							
	/IOUS LOSSES?	ES NO i	f yes, state all losses or claims by the		he applic			
D.	ATE (MM/DD/YY)		CAUSE			AMOUNT		
IF YES, PR	SURER CANCELLED, DE OVIDE DETAILS INSURER:	CLINED, OR RI	EFUSED TO RENEW OR ISSUE INSUI POLICY #:		IN THE P			
PROPER	RTY INSURED:							
TYPE OF	CAMPER			YEAR				
UNIT	TRAVEL TRAILER		OR 5 TH WHEEL	TRADE NAME				
	TENT TRAILER			MODEL				
	HORSE TRAILER		LIVING QUARTER	SERIAL #				
	MOTORHOME - CLA		SEL "A" GAS "	LENGTH				
DATING	INFORMATION	C DII	LODE C GAS C	LOCGBANABLE				
IS UNIT PERMANENTLY SITUATED IN THE USA? IS UNIT RENTED TO OTHERS?			NO IF YES, REFER TO WUM					
		□ YES □						
IS UNIT SKIRTED?								
	NTLY SITED? VIC ADDRESS AND RV	PARK REQUIF	☐ YES ☐ NO RED:					

WU-VTAPP (05/13) Page 1 of 2

RECREATIONAL VEHICLE - APPLICATION

COVER	AGE FORMS, LIMITS & DEDUCTIE	BLES		LIMIT DEDUCTIBLE						
	PERILS - ACV L CASH VALUE)			\$		\$				
	KS" - RC (REPLACEMENT COST OF NI EMENT COST/BROADFORM)	EW UNIT INCLUI	DING TAXES) \$		\$				
	KS" - GRC NTEED REPLACEMENT COST)				ACTUAL AMOUNT OF LOSS	\$				
RETAIL	REPLACEMENT COST OF NEW UNIT I	NCLUDING TAX	ES \$							
PREMI	UM SUMMARY:			·	REMARKS	·				
BASE PR	EMIUM									
SECURE, SUPERVISED R.V. PARK DISCOUNT (FENCED, GATED & CARETAKER ON PREMISES 365 DAYS A YEAR)										
MATURE	CITIZENS DISCOUNT									
OTHER C	CHARGES/CREDIT(DESCRIBE) -									
TOTAL E	STIMATED PREMIUM									
ADDITIONAL INSURED										
	IONAL INSURED	D.O.D.								
Name		D.O.B.			Relationship to Insured					
CONSENT In accordance with the Act Respecting the Protection of Personal Information in the Private Sector 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: (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. -For the purpose of establishing the premium and the assessment of risk; and , (if you would like to consent now) -For the purpose of verification, assessment and the settlement of losses; 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. (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. 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. I acknowledge having been informed of my right to access to information obtained by virtue of the present consent to my broker and/or my insurers, their employees, trainees or representatives. The total estimated policy premium is subject to adjustment to the insurer's man										
Signatur	e of Applicant	Date	Si	gnature	of Co-Applicant	Date				
Signature of Additional Insured		Date	Signature		of Additional Insured	Date				
Signature of Broker/Agent						-				

WU-VTAPP (05/13) Page 2 of 2