

Quote Only Please Bind

| | |
|------------------------|--------------|
| APPLICANT(S): | LIENHOLDER: |
| Address: | Address: |
| City: | City: |
| Postal Code: | Postal Code: |
| Phone: (Res.): (Bus.): | EMAIL: |

RATING INFORMATION

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

Previous Insurer: Policy #

Loss History (in last three years)

Have you ever had any insurance refused or cancelled? Yes, No Reason:

Unit used as a permanent residence Pleasure Use only If business use describe

If permanently stored at one location what is the address: _____

If business use or used at work sites please advise: _____

If used will be used in the USA how many expected months annually: _____ Is the unit permanently situated in the U.S. ____

COVERAGES Liability is not available. Physical Damage options below – depend on year / size.

Policy Form: Premier Superior (All Risk, Guaranteed Repl. Cost) Premier Choice (All Risk, Repl. Cost)
 Standard Package (Specif. Perils, ACV) Premier Optional Coverage A

Insurance Effective:

Type of Unit: Vacation Trailer Folding Camper Trailer Fifth Wheel Trailer Horse Trailer
 Tent Trailer Utility Trailer Toy Hauler

| | | |
|-----------------|--------------------|------------------------|
| Year: | Length: | PREMIUM: |
| Model: | Manufacturer: | Add for Deductible: \$ |
| Serial #: | Purchase Price: \$ | Mature Discount: \$ |
| Date Purchased: | | Optional Coverage: \$ |
| Value: \$ | | Policy Fee: \$ 25 |
| Deductible: \$ | | Total Premium: \$ |

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited 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 fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

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.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Date: Signature of the Applicant:

Brokerage: Oasis Outdoor Adventure & Sport Insurance Solutions Inc. Signature of Broker:

Broker Return Fax #: 1-866-488-6122 Broker Email: keith@oasisins.ca

This is a property/equipment policy not a liability policy. Liability may extend from the towing unit – check and meet provincial laws/requirements.

