



EQUINE & LIVESTOCK TRAILER APPLICATION FOR PHYSICAL DAMAGE

APPLICANT INFORMATION:

Registered Owner _____
 Date of Birth (MM/DD/YYYY) _____ Phone _____ Email _____
 Address _____

TRAILER INFORMATION:

(MAXIMUM AGE OF AN ELIGIBLE TRAILER IS 25 YEARS OLD)

YEAR	MAKE	MODEL / TYPE	LENGTH	SERIAL NUMBER	VALUE (*)
					\$

* Indicate the Replacement Cost if the Trailer is 5 years old or newer, otherwise indicate the Actual Cash Value

Deductible: \$500 if the value is \$50,000 or less OR 5% of the value if the value is \$50,001 or more

Lienholder (provide full name, address, postal code) _____

UNDERWRITING INFORMATION:

- Has the Applicant had 2 or more vehicle (any vehicle) collision losses in the past 3 years? Yes No
- Indicate if you are a member of one of the following Associations:
 Provincial Equine Association BC Agritourism Association(BCATA) BC Association of Agricultural Fairs & Exhibitions(BCAAFE)
 Pro Rodeo Canada(CPRA) BC Rodeo Association(BCRA) Alberta Farm Fresh Producers Association(AFFPA)
- Is the Horse or Livestock Trailer used for commercial use? Yes No
 If "Yes", what is the annual revenue? \$ _____ NOTE: If over \$100,000, you are not eligible for coverage.
- Have you included a copy of Bill of Sale, photos (at least 3 pictures showing the serial number plate and all sides of the Trailer from a distance of no more than 25 feet)?
 NOTE: This is only required at the onset of coverage. Yes No
- What is the maximum # of horses and/or livestock that may be transported in the Trailer? _____
 NOTE: Trailers designed to transport up to a maximum of 9 horses or livestock are only eligible.

APPLICANT'S STATEMENT

- I understand, accept and agree that the following uses are ineligible:**
 - by any operator who is under the influence of drugs or alcohol (zero tolerance); or
 - for any purpose for which the Trailer is not intended; or
 - where the rules and laws of the Highway Traffic Act are not adhered to (such as but not limited to inspections; weight and use restrictions).
- I understand that** any damage to the Trailer prior to the acceptance of this Application is excluded.
- I understand that** this policy provides only physical damage to the Trailer. There is NO LIABILITY insurance provided under this policy.
- I understand** the insurance applied for is based on information I have provided on this Application Form.
- I understand** misrepresentation by me of the information provided may render insurance Null and Void.
- I state** the information provided on this Application is accurate to the best of my knowledge and belief.
- I understand** this private information will not be revealed to others without my express permission except for the sole purpose of obtaining insurance terms on my behalf from insurance underwriters.

Applicants Signature _____ Position _____

Print Name _____ Date _____