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| TO BE COMPLETED AND SIGNED **BY THE OWNER**. ALL VALUES ARE SUBJECT TO REVIEW BY UNDERWRITING. |
| **1.** | **REGISTERED OWNER(S)** |
| NAME  | EMAIL ADDRESS |
| HOME PHONE NUMBER | CELL PHONE NUMBER |
| DO YOU HAVE AN EXISTING HEP POLICY?**[ ]** YES **[ ]** NO POLICY NUMBER:  |  |
| **2.** | **TRAILER INFORMATION** |
| YEAR | MAKE  | MODEL | VEHICLE IDENTIFICATION NUMBER |
| ACQUISITION DATE  | Purchase Price$ | NEW **[ ]** USED **[ ]**  | MAX STALL CAPACITY | LIMIT of Insurance REQUESTED$ |
| DRESSING/TACK ROOM **[ ]** LIVING QUARTERS **[ ]**  | GOOSENECK **[ ]** BUMPER PULL **[ ]**  | OWNERSHIP REQUIRED – ATTACHED **[ ]** YES **[ ]** NO  |
| ANY MODIFICATIONS SINCE MANUFACTURE **[ ]** YES **[ ]** NOANY UNREPAIRED DAMAGE **[ ]** YES **[ ]** NOSAFETY ATTACHED **[ ]** YES **[ ]** NO **[ ]** Not required | Safety Required if: 1. Over $100,000 limit, or
2. Over 15 years old, or
3. Any trailer that is required by law to have a Safety Inspection following the Provincial guidelines at the postal address on the policy, or
4. If there is unrepaired damage.
 |
| **3.** | **USE** |
| PERSONAL **[ ]        % OF USE** | COMMERICAL **[ ]       % OF USE** | USA EXPOSURE **[ ]** YES **[ ]** NO **%** |
| **4.** | **LIENHOLDER INFORMATION OR NOT APPLICABLE [ ]**  |
| LIENHOLDER OR LESSOR NAME  | CONTACT |
| ADDRESS | PHONE NUMBER |
| FAX NUMBER | EMAIL ADDRESS |
| **5.** | **COVERAGE & DEDUCTIBLE** |
| ALL RISK PHYSICAL DAMAGE, ACTUAL CASH VALUE |
| **DEDUCTIBLE 2% OF THE LIMIT OF INSURANCE, PER CLAIM, MINIMUM $500** |
|  **6.** | **DISCLOSURE** |
| THERE IS NO LIABILITY COVERAGE FOR THE HORSE TRAILER UNDER THE HEP POLICY.LIABILITY FOR THE TRAILER MUST BE PURCHASED UNDER AN AUTO INSURANCE POLICY. |
| **SIGNATURE OF APPLICANT** (Authorized for this purpose)**X** | **DATE**  | **SIGNATURE OF APPLICANT** (Authorized for this purpose)**X** | **DATE**  |