



EQUINE & LIVESTOCK TRAILER APPLICATION FOR PHYSICAL DAMAGE

15221 YONGE STREET, AURORA, ON L4G 1L8
PHONE (905) 841-8200 FAX (905) 841-0030 TOLL FREE 1-888-394-3330

Intercity Insurance Services Inc..

www.intercityinsurance.com

Applicant Information:

Registered Owner _____
Address _____ City _____ Province _____ PC _____
Phone #(____) _____ Fax #(____) _____ Cell #(____) _____
Email _____

Trailer Information:

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

YEAR	MAKE	MODEL / TYPE	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 Principal Operator had 2 or more 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)
 Alberta Farm Fresh Producers Association (AFFPA) BC Rodeo Association (BCRA)
 BC Association of Agricultural Fairs & Exhibitions (BCAAFE) Pro Rodeo Canada (CPRA)
- Is the Horse or Livestock Trailer used for commercial use? YES NO
If "YES", what is the annual revenue? \$ _____ NOTE: If over \$10,000, you are not eligible for coverage.
- If the Trailer contains living quarters, is there a locking system in place? YES NO
- 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), and a copy of the Trailer Registration?
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.
- What is the gross vehicle weight (as indicated on the registration)? _____
- What is the length of the Trailer: _____
- Has the Trailer been modified or customized post manufacture? YES NO
If "YES", describe fully _____
- What is the estimated radius of operation? _____ km
- Will the Trailer go into the USA? YES NO If "YES", which States and how many days per year:



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12. Please indicate type of animals hauled:

Equine Alpaca Cattle Donkey Goat Llama Mule Pig

NOTE: If other types of livestock are trailered, you are not eligible for coverage.

INSURED'S DECLARATION

1. **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).
2. **I understand that** any damage to the Trailer prior to the acceptance of this Application is excluded.
3. **I understand that** this policy provides only physical damage to the Trailer. There is NO LIABILITY insurance provided under this policy.
4. **I understand, accept and agree** that misrepresentations on this Application are material to the Insurer's acceptance of my application and will render insurance coverage Null and Void.
5. **I state that all information** on this Application is truthfully accurate to the best of my knowledge

SIGNATURE

DATE