



WAYFARER INSURANCE BROKERS LTD.

Motorhome & Trailer Rental Questionnaire

All rental questionnaires must be submitted for approval
a minimum 7 business days prior to the rental date

Departure Date: _____ Return Date: _____ Unit Name: _____
 Destination: _____ Purpose of Rental: _____ # Occupants: _____
 Renter: _____
 Address: _____ City: _____ Postal Code: _____

DRIVER INFORMATION

(Only 4 approved drivers permitted per rental. All drivers must have a G license for a minimum of 8 years which excludes a G1 & G2)

NAME	ADDRESS	TELEPHONE	
1. Princ. _____	_____	Res. ()	Bus. ()
2. Occ. _____	_____	Res. ()	Bus. ()
3. Occ. _____	_____	Res. ()	Bus. ()
4. Occ. _____	_____	Res. ()	Bus. ()

DRIVERS LICENSE	YEARS LICENSED	DISABILITIES
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Give particulars of ALL convictions, moving violations (tickets), or claims on all drivers arising out of use or ownership of any automobile during the past (5) years.

DETAILS OF EXISTING INSURANCE

BROKER	TELEPHONE	INS. CO.	POLICY #	COMMERCIAL
1. _____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. _____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. _____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. _____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

MOTORHOME ONLY – will renters be towing behind unit?: Yes No

The renter acknowledges that driver record information and reports may be sought in connection with the rental application.

DATE _____ RENTER (Signature) _____

IMPORTANT NOTE: All details must be completed or the questionnaire will automatically be declined and returned to the registered owner.

Registered Owner: _____ Policy #: _____
 Telephone No.: _____ Fax No.: _____ Email: _____
 Approved by: _____ Declined by: _____

REMARKS: _____

WAYFARER INSURANCE BROKERS LTD.

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