

INSURANCE APPLICATION

WAYFARER INSURANCE GROUP PRESENTS



Please complete all sections and return back to Wayfarer Insurance Group.

Driver / Owner Information

First Name: _____ Last Name: _____
Street Address: _____ Years Experience: _____
City: _____ Province: _____ Postal Code: _____
Business Phone: _____ Home Phone: _____
Email Address: _____

Vehicle Information

Vehicle: _____ Year: _____ Make: _____ Model: _____
Serial / Chassis #: _____
Does the vehicle have a GPS or similar tracking device? Yes No
Is the vehicle(s) plated? Yes No
Is the vehicle(s) street legal? Yes No
Loss Record for the previous 5 years: _____
Previous Insurance Carrier: _____
Location stored at: _____
Is location alarmed? Yes No Is location sprinklered? Yes No
Sanctioning Body, Association, or Club Membership: _____
Loss payable name and address: _____

Values

Vehicle Value: _____
Tools/Equipment: _____
Spares/Parts: _____
Total \$ Values: _____

Please Select One:

Minimum Premium \$500.00

I understand that the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance, nor the company to accept the risk. I fully understand that if the company agrees to provide insurance and I have cancelled or misrepresented any material, fact or circumstance, whether before or after a loss, coverage will be forfeited which otherwise was granted.

Signature: _____ Date: _____

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