

# TRAILER RENTAL QUESTIONNAIRE

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_ Unit#: \_\_\_\_\_

Destination: \_\_\_\_\_ # Occupants: \_\_\_\_\_

Renter: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## DRIVER INFORMATION

(Not more than 4 Drivers Permitted – Each Driver Must Be Licensed For More Than 8 Years)

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

	DRIVERS LICENCE	YRS. LICENCED	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 five (5) years.

\_\_\_\_\_  
\_\_\_\_\_

## DETAILS OF EXISTING INSURANCE

	BROKER	BROKER ADDRESS	TELEPHONE	INS. CO.	POLICY #
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

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

\_\_\_\_\_  
\_\_\_\_\_

Registered Owner: \_\_\_\_\_ KJ's CAMPER RENTALS LTD Owner: \_\_\_\_\_ KELLY MANNIS

Management Co. \_\_\_\_\_ Ins. Co. \_\_\_\_\_ ELITE INSURANCE CO.

Mailing Address: \_\_\_\_\_ 43 BANK ROAD SEAGRAVE ONTARIO L0C 1G0 Policy # \_\_\_\_\_

\_\_\_\_\_  
Telephone No: \_\_\_\_\_

\_\_\_\_\_  
Fax No: \_\_\_\_\_