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APPLICATION for Caravan – Trailer – Motor Vehicle Insurance.

Please supply the below information to enable a Quotation to be supplied.

NAME of Club:			
ADDRESS of Club:			
E-mail:		Telephone:	
Description of Unit to be insured:			
Registration Number:		Serial Number From Drawbar:	
Engine Number (if applicable)		VIN	
VALUE for Insurance:	Trailer/Caravan /Motor Vehicle:	\$	Accessories/ Contents:
			\$
Year of Manufacture:		Original Purchase Date & Price:	
Has the Unit been modified or altered in any way since purchase? If "YES" please supply full details.			
Location Unit will be stored:			
Details of Security:			
Details of Previous Claims:			
Will the Unit be Hired or Loaned?			

Signed:Position in Club:

Date: