

**FOR RENTAL AGENTS ONLY**

**WAYFARER INSURANCE BROKERS LIMITED**

TOLL-FREE 1-866-848-9146

FAX 1-705-887-1396

**MOTORHOME RENTAL QUESTIONNAIRE**

Departure Date \_\_\_\_\_ Return \_\_\_\_\_ 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.

DATE	RENTER
Registered Owner: _____	Salesperson: _____
Management Co.: _____	Ins. Co.: _____
Mailing Address: _____	Policy #: _____
_____	Telephone No: _____
_____	Fax No: _____

Date Received \_\_\_\_\_ OK'd by \_\_\_\_\_ Declined by \_\_\_\_\_

REMARKS \_\_\_\_\_  
\_\_\_\_\_