



**PrimeGuard Autosports  
Insurance Program  
APPLICATION FORM**



Name of Applicant					
Street Address					
City		Province	Postal Code		
Home Phone ( )	Business Phone ( )				
Fax ( )	Email				
<b>Primary Storage Location of Vehicle</b>					
<input type="checkbox"/> same as above OR:					
Street Address					
City		Province	Postal Code		
<b>Construction and Details for Primary Storage Location of Vehicle</b>					
<input type="checkbox"/> Frame <input type="checkbox"/> Brick <input type="checkbox"/> Metal <input type="checkbox"/> Fire-resistive					
Description					
Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Alarm Type				
Monitored <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Vehicle Description</b>			<b>Values</b>		
Classification			Vehicle Appraised Value	\$	
Description			Tools	\$	
			Equipment	\$	
Make			Parts	\$	
Model					
Serial Number			<b>Total</b>	\$	
Losses in past 5 years – please detail					
Sanctioning Body, Association, or Club Membership					

Please refer to the adjoining brochure for a description of our program eligibility requirements and coverages for our basic program. Policy extensions and additional coverages are available as detailed in the brochure.

Payment Enclosed      \$ \_\_\_\_\_ (include PST)    \*\$20.00 Service Fee will be applied to all NSF cheques

*The undersigned declares that all statements made in the Application are true. Signing of this document does not bind the Applicant to complete the insurance, but it is agreed that the Application shall be the basis of the contract, should a policy be issued.*

I also understand and agree that:

- I have read and signed the attached PERSONAL INFORMATION PROPERTY/CASUALTY AND OTHER CONSENT.
- Coverage under the policy will apply to operations as described on policy only.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please mail application and payment to McFarlan Rowlands, PrimeGuard Autosports Insurance Program, 88 Broadway St., Tillsonburg, ON N4G 3P6**



## **PERSONAL INFORMATION PROPERTY/CASUALTY AND OTHER CONSENT**

As part of my application for insurance, I hereby consent to McFarlan Rowlands Insurance Brokers (the "Broker") collecting, using and disclosing personal information required for purposes of considering my application for new or renewal property/casualty and/or automobile insurance coverage.

The Broker is authorized to use this information to procure terms for all products and services offered by McFarlan Rowlands Insurance Brokers including property/casualty, surety, group benefits, life insurance, and wealth management.

The Broker is authorized to collect, use, and disclose personal information and provide such personal information to third parties, as required, including insurance companies. The Broker may also be required or permitted to disclose such personal information pursuant to relevant privacy laws or other laws. If I wish to review personal information pertaining to my application or policy maintained by the Broker, obtain copies of the Broker's privacy policies or standards, or make other inquiries or express concerns, I understand that I may do so by contacting the Broker's Privacy Officer.

**I agree that all personal information that I provide to the Broker will  
be complete and accurate.**

Full Name:

\_\_\_\_\_  
(Please Print)

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_