

TRAILER RENTAL LIABILITY FORM

PLEASE HAVE YOUR INSURANCE AGENT FILL IN THIS FORM AND RETURN IT TO HAPPYDAZE RV'S AT LEAST 7 DAYS PRIOR TO DEPARTURE. FAILURE TO RETURN COMPLETED FORM MAY RESULT IN CANCELLATION OF RENTAL CONTRACT AND COMPLETE FORFEITURE OF RENTAL DEPOSIT.

DATE:			
RENTER'S NAME:			-
RENTER'S INSURANCE COMP	PANY:		
INSURANCE PH#:	FAX#		
POLICY #:			
LIMITS OF LIABILITY:			
DOES POLICY COVER TOWIN	G VEHICLE LISTED BELOW?	YES NO	
Above mentioned policy of the insured vehicle	overs the ability to tow a no	on-owned, rented tra	ailer while connected to
TRAILER INFORMATION: **(PLEASE USE INFO FOUND O	N TOP OF RENTAL C	ONTRACT)**
MAKE:	MODEL:		
YEAR:	VIN:		
INSURED TOWING VEHICLE:	**(PLEASE FILL IN ALL SPAC	CES)**	
MAKE:	MODEL:		
YEAR:	LICENSE PLATE:		
Agent Name:	Agent Signat	ture:	