

MOTORCYCLE APPLICATION- Physical Damage Insurance- British Columbia

Registered Owner: _____ Date of Birth: _____ Quote Bind

Address: _____ City: _____ P.C.: _____

Phone: _____ Member of an Association/Club (list name- discount may apply): _____

Loss Payable (name & full address): _____

Name of Principal Operator: _____ Years with Motorcycle License: _____ Years as Motorcycle Owner: _____

Motorcycle Training: Yes No Name of Course: _____ Date of Completion: _____

Is motorcycle driven to work? Yes No If yes, how many times per month? _____ (maximum)

List all motor vehicle moving violations in the past five years for all operators of the motorcycle:

Date	Operator	Details	Penalty Points
			<input type="checkbox"/> Minor (2-4 penalty points) <input type="checkbox"/> Major (6 penalty points) <input type="checkbox"/> Serious/Criminal (10+ points)
			<input type="checkbox"/> Minor (2-4 penalty points) <input type="checkbox"/> Major (6 penalty points) <input type="checkbox"/> Serious/Criminal (10+ points)

Has Drivers' License been suspended or cancelled in the last 10 years? Yes No

Details: _____

List all at fault motor vehicle and motorcycle accidents or claims in the past five years:

Date	Details	Amount

Previous Insurer: _____ Has Insurance ever been cancelled or refused: Yes No Reason: _____

Please list names of Operators other than owner, date of birth, and % of usage:

	Year	Make	Model	CC	Serial / VIN #
Motorcycle					
Trailer					

Where is your bike stored and what security measures are in place to prevent theft? _____

During Riding Season: _____ During Off-Season: _____

Purchase Date of Motorcycle: _____ **Purchase Price of Motorcycle:** _____

List all Accessories / Modifications to Motorcycle:

Total Value of all Accessories/Modifications to Motorcycle since new:

	Policy Limit Requested (Market Value including accessories)	Premium Quoted (Premier usage)	Deductible: _____
Motorcycle			***NOTE: Premium is fully earned unless Motorcycle is sold.
Trailer ACV (\$1,000 incl.)			Premium is earned with a seasonal factor.

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Signature (of applicant): _____ **Date:** _____

Brokerage: _____ **Broker Email:** _____

Phone: _____ **Fax:** _____

Sign Up for Presto for instant online motorcycle quotes and policy issuance!

Visit www.premiergroup.ca or email presto@premiergroup.ca for a login

Premier Marine Insurance Managers Group (WEST) Inc. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizpersonal@premiergroup.ca ****

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