

Registered Owner:  Quote  Bind

Principal Operator: Date of Birth:

Address: City Province P.C

Phone:

Safety Course  Yes  No Member of an Association/Club (list name- discount may apply):

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

Have you or any other principal operator had any **major** moving violations in last 5 years ("major" as defined by local legislation – eg. Impaired, etc), OR has a Drivers License ever been suspended or cancelled?  Yes  No

Explain:

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

List any off road vehicle claims in the past five years:

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

Will there be any operators that do not have a motor vehicle driver's license OR are under 21?  Yes  No Explain:

Use:  Pleasure  Business  Farm/Ranching

Unit Style:  Snowmobile  ATV  3 wheel ATV  UTV (carries >2 people)  Off-Road Motorcycle

	Year	Make	Model	CC	Serial / VIN #
<b>Unit</b>					
<b>Trailer</b>					

Loss Payable (name & full address):

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

During Riding Season: During Off-season: Immobilizer  Yes  No

Purchase Date of Unit: **Purchase Price of Unit:**

List All Aftermarket Accessories / Modifications to Unit:

Total value of all accessories and modifications to Unit since new:

	Policy Limit Requested (Market Value including accessories)	Premium Quoted (Premier usage)
<b>Unit</b> <input type="checkbox"/> All Risk <input type="checkbox"/> Specified		
<b>Trailer</b> (\$1,000 incl)		
<b>Riding Gear</b> (\$1,000 incl)		
<b>Off-Road Liability</b>		
<b>Search &amp; Rescue</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Deductible:</b>	<b>***NOTE: Premium is fully earned unless Unit is sold. Premium is earned with a seasonal factor.</b>	

**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): **Broker Signature:** **Date:**

**Brokerage:** **Broker Email:**

**AGT #:** **Phone:** **Fax:**

*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](mailto:newbizpersonal@premiergroup.ca) \*\***  
**Vancouver - T 604.669.5211 F 604.669.2667**