



Manitoba Off Road Vehicle Application

(for ATV's, Dirt Bikes & Snowmobiles)

Private Pleasure Use Only - MB

1. REGISTERED/TITLED OWNER'S FULL NAME AND POSTAL ADDRESS

NAME: _____ OCCUPATION: _____

ADDRESS: _____

POSTAL CODE: _____ PHONE: _____ FAX: _____

2. POLICY PERIOD

EFFECTIVE DATE _____ TIME A.M. P.M. EXPIRY DATE _____ AT 12:01 AM All times are local times at the applicant's postal address stated herein

3. LIENHOLDER

LOSS, IF ANY, PAYABLE TO _____ FULL MAILING ADDRESS: _____

4. OPERATOR EXPERIENCE

	OPERATOR #1	OPERATOR #2
FULL NAME		
DATE OF BIRTH		
DRIVER'S LICENCE NUMBER		
YEARS CONTINUOUSLY LICENSED IN CANADA / USA		
YEARS EXPERIENCE OPERATING AN OFF-ROAD VEHICLE OF SIMILAR SIZE & TYPE		
YEARS AS OWNER OF THIS VEHICLE		

SUPPLEMENT PAGE FOR ADDITIONAL OPERATOR'S ATTACHED: YES NO

5. CONVICTIONS

HAS ANY OPERATORS' DRIVERS LICENCE EVER BEEN SUSPENDED OR CANCELLED? YES NO IF YES, WHEN AND FOR HOW LONG? _____

GIVE DETAILS OF ALL CONVICTIONS ARISING FROM THE OPERATION OF ANY AUTOMOBILE OR OFF-ROAD VEHICLE DURING THE PAST FIVE YEARS.

(Check if NO convictions for all operators)

OPERATOR #:	OPERATOR #:	OPERATOR #:	OPERATOR #:	OPERATOR #:
DATE:	DATE:	DATE:	DATE:	DATE:
TYPE:	TYPE:	TYPE:	TYPE:	TYPE:

HAS ANY OPERATOR HAD ANY SERIOUS / CRIMINAL CODE TRAFFIC CONVICTIONS IN THE PAST 3 YEARS? YES NO

6. CLAIMS

GIVE DETAILS OF ALL ACCIDENTS OR CLAIMS ARISING FROM THE OWNERSHIP OR OPERATION OF ANY **AUTOMOBILE AND/OR** OFF-ROAD VEHICLE DURING THE PAST SIX YEARS. (Check if NO claims for all operators)

OPERATOR #	DATE	CAUSE	AMOUNT PAID

7. PREVIOUS INSURANCE

PREVIOUS OFF-ROAD VEHICLE INSURER: _____ POLICY NUMBER: _____ EXPIRY DATE: _____

IN THE LAST 5 YEARS, HAS THE APPLICANT HAD ANY INSURANCE CLAIMS DENIED, BEEN DECLINED FOR INSURANCE, AND/OR BEEN CANCELLED OR NON-RENEWED BY AN INSURER? YES NO

HAS THE APPLICANT EVER BEEN CONVICTED OF FRAUD WITH RESPECT TO ANY INSURANCE COVERAGE? YES NO

8. GENERAL INFORMATION

	YES	NO
1. IS THE OFF-ROAD VEHICLE LEASED OR RENTED TO OTHERS? IF 'YES', COMPANY APPROVAL IS REQUIRED BEFORE BINDING.	<input type="checkbox"/>	<input type="checkbox"/>
2. IS THE OFF-ROAD VEHICLE USED TO CARRY PASSENGERS OR CARGO FOR COMPENSATION, OR FOR ANY OTHER COMMERCIAL OR BUSINESS PURPOSE? IF 'YES', COMPANY APPROVAL IS REQUIRED BEFORE BINDING.	<input type="checkbox"/>	<input type="checkbox"/>
3. IS THE OFF-ROAD VEHICLE USED FOR FARMING, LANDSCAPING AND / OR SNOW REMOVAL? IF 'YES', COMPANY APPROVAL IS REQUIRED BEFORE BINDING.	<input type="checkbox"/>	<input type="checkbox"/>
4. IS THE OFF-ROAD VEHICLE USED TO COMMUTE TO WORK? IF 'YES', COMPANY APPROVAL IS REQUIRED BEFORE BINDING.	<input type="checkbox"/>	<input type="checkbox"/>
5. IS THE OFF-ROAD VEHICLE USED FOR RACING, COMPETITION, HILL CLIMBING, JUMPING, STUNT RIDING OR PERFORMANCE RIDING? IF 'YES', COMPANY APPROVAL IS REQUIRED BEFORE BINDING.	<input type="checkbox"/>	<input type="checkbox"/>
7. DOES THE OFF-ROAD VEHICLE HAVE ANY EXISTING OR UNREPAIRED DAMAGE? IF 'YES', COMPANY APPROVAL IS REQUIRED BEFORE BINDING.	<input type="checkbox"/>	<input type="checkbox"/>
8. HAS THE OFF-ROAD VEHICLE BEEN MODIFIED FROM THE ORIGINAL DESIGN OR SPECIFICATIONS? IF 'YES', COMPANY APPROVAL IS REQUIRED BEFORE BINDING. IF YES, PLEASE DETAIL:	<input type="checkbox"/>	<input type="checkbox"/>



Manitoba Off Road Vehicle Application

(for ATV's, Dirt Bikes & Snowmobiles)

Private Pleasure Use Only - MB

9. OFF-ROAD VEHICLE						
	UNIT	YEAR	MAKE	MODEL	CC	SERIAL / VIN #
1	DIRT BIKE <input type="checkbox"/> SNOWMOBILE <input type="checkbox"/> ATV <input type="checkbox"/>					
2	DIRT BIKE <input type="checkbox"/> SNOWMOBILE <input type="checkbox"/> ATV <input type="checkbox"/>					

WHERE ARE YOUR UNITS STORED AND WHAT SECURITY MEASURES ARE IN PLACE TO PREVENT THEFT OF THIS OFF-ROAD VEHICLE?

DURING RIDING SEASON: _____ DURING OFF-SEASON: _____

SUPPLEMENT PAGE FOR ADDITIONAL UNITS ATTACHED YES NO

10. COVERAGES, LIMITS & PREMIUM							
UNIT	PURCHASE DATE	PURCHASE PRICE	AGREED VALUE (CURRENT MARKET VALUE INCL ALL ACCESSORIES & TAXES)	LIABILITY	PHYSICAL DAMAGE	DEDUCTIBLE	ESTIMATED PREMIUM
1		\$	\$	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> NOT REQUIRED	ALL PERILS <input type="checkbox"/> COMP <input type="checkbox"/>	\$ 500 <input type="checkbox"/> \$1,000 <input type="checkbox"/>	\$
2		\$	\$	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> NOT REQUIRED	ALL PERILS <input type="checkbox"/> COMP <input type="checkbox"/>	\$ 500 <input type="checkbox"/> \$1,000 <input type="checkbox"/>	\$
INCREASED LIMIT FOR TRAILER / TRUCK DECK (\$2,000 LIMIT IS INCLUDED)				<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$250	\$
INCREASED LIMIT FOR RIDING GEAR (\$1,000 LIMIT IS INCLUDED)				<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$250	\$
OPTIONAL ACCIDENT & RESCUE BENEFITS				<input type="checkbox"/> YES <input type="checkbox"/> NO			\$
				DISCOUNTS			
CLUB / ASSOCIATION MEMBERSHIP DISCOUNT		<input type="checkbox"/> YES <input type="checkbox"/> NO	ROLLOVER PROTECTION		<input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL ESTIMATED PREMIUM	\$
IGNITION IMMOBILIZER DISCOUNT		<input type="checkbox"/> YES <input type="checkbox"/> NO	SAFETY COURSE DISCOUNT		<input type="checkbox"/> YES <input type="checkbox"/> NO		

11(A). FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that:

- **For all provinces and territories except Quebec:** If I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.
- **For all provinces and territories:** Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

The information in this Application forms the basis on which your contract of Insurance will be issued and rated. If any information changes at any time in the future with respect to any statement or representation you have made, such as, but not limited to, a Serious or Major Traffic Conviction such as Impaired Driving, a change of vehicle, changes to the use of the vehicle, additional drivers, or modification to the vehicle, it is considered material and must be reported to us immediately. Failure to do so may result in your claim being denied or your policy becoming void from the date of such change.

11(B). PERSONAL INFORMATION CONSENT

For all provinces and territories: I have provided personal information in this document and otherwise (e.g., by telephone) and I may in the future provide further information relating to this application and/or any policy issued as a consequence of this application. Some of this personal information may include, but is not limited to, my claims history. I authorize my broker or the Insurer to collect use and disclose any of this personal information, subject to my broker's or the Insurer's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, analyzing my broker or the Insurer's business results such as evaluating claims results and setting insurance rates, and when otherwise permitted or required by law. If I apply for a premium payment plan, I also authorize the broker and the Insurer to obtain and use my credit report for that purpose. I declare that all individuals whose personal information is contained in this document have authorized me to agree to the above on their behalf. I may obtain a copy of or ask questions about my broker's and the Insurer's personal information policies by contacting their respective privacy officers.

Les Parties ont convenu que cette proposition et les documents connexes soient rédigés en anglais.
The Parties have specifically agreed that this application and any attachments to this application be drawn in the English language.

SIGNATURE OF APPLICANT (Authorized for this purpose)		DATE	SIGNATURE OF APPLICANT (Authorized for this purpose)		DATE
X			X		
BROKER / AGENT NAME: (Please print)			SIGNATURE OF BROKER / AGENT:		
EMAIL:		PHONE:	FAX:		



Manitoba Off Road Vehicle Supplement

Additional Operators and/or Vehicles

OFF-ROAD VEHICLE

Unit	Year	Make	Model	CC	Serial / VIN #
Dirt Bike <input checked="" type="checkbox"/> Snowmobile <input type="checkbox"/> ATV <input type="checkbox"/>					
Dirt Bike <input type="checkbox"/> Snowmobile <input type="checkbox"/> ATV <input type="checkbox"/>					
Dirt Bike <input type="checkbox"/> Snowmobile <input type="checkbox"/> ATV <input type="checkbox"/>					
Dirt Bike <input type="checkbox"/> Snowmobile <input type="checkbox"/> ATV <input type="checkbox"/>					
Dirt Bike <input type="checkbox"/> Snowmobile <input type="checkbox"/> ATV <input type="checkbox"/>					

Where is your Unit stored and what security measures are in place to prevent theft? _____
 During Riding Season: _____ During Off-season: _____

OPERATOR EXPERIENCE

Name/Operator	Year as Owner	Years' Experience	Divers License No	Years Licensed

CONVICTIONS

Has Any Additional Operator had Drivers License ever been suspended or cancelled? Yes No If yes;

Name/Operator	When	How Long	Description of Driving Offence

List Traffic Violations (last 5 years);

Name/Operator	When	How Long	Description of Driving Violation

CLAIMS

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

Date	Name/Operator	Description of Loss	Amount

COVERAGES, LIMITS & PREMIUM

Unit	Purchase Date	Purchase price	Agreed Value (Current Market Value including accessories)	Coverage All Risk or Specified Perils	Deductible	Estimated Premium
#2				All Perils <input checked="" type="checkbox"/> Comp <input type="checkbox"/>	\$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/>	\$
#2	Liability:	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> Not Required		\$
#3				All Perils <input type="checkbox"/> Comp <input type="checkbox"/>	\$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/>	\$
#3	Liability:	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> Not Required		\$
#4				All Perils <input type="checkbox"/> Comp <input type="checkbox"/>	\$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/>	\$
#4	Liability:	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> Not Required		\$
#5				All Perils <input type="checkbox"/> Comp <input type="checkbox"/>	\$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/>	\$
#5	Liability:	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> Not Required		\$
#6				All Perils <input type="checkbox"/> Comp <input type="checkbox"/>	\$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/>	\$
#6	Liability:	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> Not Required		\$
Trailer		\$	\$		\$250	\$
Riding Gear		\$	\$		\$250	\$
Optional Accident & Rescue Benefits : <input type="checkbox"/> Yes <input type="checkbox"/> No						\$
• Note \$2,000 limit for trailer and \$1,000 limit for riding gear is included						
Discounts						Total Estimated Premium
<input type="checkbox"/> Safety Operating Course <input type="checkbox"/> Club / Association Affiliation <input type="checkbox"/> Ignition Immobilizer <input type="checkbox"/> Rollover Protection						\$