



Saskatchewan Off-Road Vehicle Application

(for ATV's, Dirt Bikes & Snowmobiles)
Private Pleasure Use Only

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

Name: _____ Date of Birth: _____ Occupation: _____

Address: _____

Postal Code: _____ Phone: _____ Fax: _____

2. POLICY PERIOD

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

3. LIENHOLDER

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

4. OPERATOR EXPERIENCE Supplement Page for Additional Operator's Attached

Name: _____ Years as owner: _____ Years' experience: _____ Years with vehicle driver's licence: _____

Name: _____ Years as owner: _____ Years' experience: _____ Years with vehicle driver's licence: _____

5. CONVICTIONS

Operator #1: Has Driver's Licence ever been suspended or cancelled? Yes No If yes, when and how long? _____

List Traffic Violations (last 5 years): _____

Operator #2: Has Driver's Licence ever been suspended or cancelled? Yes No If yes, when and how long? _____

List Traffic Violations (last 5 years): _____

6. CLAIMS

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

Date	Operator	Cause	Amount

7. PREVIOUS INSURANCE

Previous Insurer: _____ Has Insurance ever been cancelled? Yes No If yes, give Reason: _____

8. OFF-ROAD VEHICLE Supplement Page for Additional Units Attached

Details of Dirt Bike / Snowmobile / ATV and equipment:

Off-Road Vehicle	Year	Make	Model	CC	Serial / VIN #
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"/>					

Are all Snowmobiles Registered & Licensed? Yes No

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

During Riding Season: _____ During Off-season: _____



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9. COVERAGES, LIMITS & PREMIUM

Unit	Purchase Date	Purchase Price	Agreed Value (Current Market Value including accessories)	Coverage All Perils or Comprehensive	Deductible	Estimated Premium
#1				All Perils <input type="checkbox"/> Comp <input type="checkbox"/>	\$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/>	
#1	Liability:	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> Not Required		
#2				All Perils <input 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		
Trailer					\$250	
Riding Gear					\$250	
Accident Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No						
Discounts <input type="checkbox"/> Yes <input type="checkbox"/> No - Safety Operating Course <input type="checkbox"/> Yes <input type="checkbox"/> No - Club / Association Affiliation <input type="checkbox"/> Yes <input type="checkbox"/> No - Ignition Immobilizer <input type="checkbox"/> Yes <input type="checkbox"/> No - ATV Rollover Protection					Total Est Premium	

Note - \$1,000 limit is included for trailer and riding gear.

Note - Snowmobile Third Party Liability is reduced by and in Excess of Saskatchewan Government Insurance primary limit.

10(A). FULL DISCLOSURE

Where: (a) an Applicant for a contract: (i) gives false particulars of the described automobile to be insured to the prejudice of the Insurer, or (ii) knowingly misrepresents or fails to disclose in the application any fact required to be stated therein; (b) the Insured contravenes a term of the contract or commits a fraud, or (c) the Insured wilfully makes a false statement in respect of a claim under the contract; a claim by the Insured is invalid and the right of the Insured to recover indemnity is forfeited.

The information in this Application forms the basis on which your contract of Off-Road Vehicle 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, 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.

10(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's 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 or 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.

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:	

For the purposes of the *Insurance Companies Act (Canada)*, this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.