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 #**
Unit					
Trailer					

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)
Unit ☐ All Risk ☐ Specified		
Trailer ($1,000 incl)		
Riding Gear ($1,000 incl)		
Off-Road Liability		
Search & Rescue	☐ Yes ☐ No	
Deductible:	***NOTE: Premium is fully earned unless Unit is sold. Premium is earned with a seasonal factor.**	

DECLARATION / CONSENT

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

Brokerage: **Broker Email**:

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

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