



MOTOPRO

Have experience?
Save money on your
motorcycle insurance.

PREMIER MARINE



OFFERING DISCOUNTS FOR EXPERIENCED RIDERS

Eligible Risks:

All types of street Motorcycles, including:

- Production built Cruising bikes, Touring bikes, Sport-touring bikes, Sport bikes, and Mopeds

Applicant must meet the following criteria:

- Minimum 30 years of age
- No more than 2 minor moving violations in last 5 years
- No major violations in last 5 years (impaired, careless, etc.)
- No prior suspension or cancellation of license
- No more than one at fault motor vehicle accident in last 5 years
- Motorcycle is to be used for private pleasure use

BINDING AUTHORITY for Brokers is available 24/7 through the on-line quote system, or once a Premier quote has been received that specifically grants authority (refer to quote form for details).



Coverage Features:

- All Risk, and Agreed Value coverage available
- A no hassle 12 month annual policy
- Riding Gear – \$1,000 limit (higher limits available)
- Lock Re-keying – \$500 limit
- Reward coverage – \$500 limit
- Emergency Roadside service – \$100/\$200 agg.
- Emergency Vacation Expense – \$750 limit
- Trailer coverage – \$1,000 included (higher limits available)

Contact your local insurance broker for a quotation or contact Premier Marine for the name of a local authorized broker representative.

All our applications, policy forms, brochures, and other useful documents can be downloaded from our website at www.premiermarine.com

BC & Western Canada
T 604-669-5211
F 604-669-2667

MOTORCYCLE APPLICATION – Physical Damage Insurance – British Columbia

Quote only Please bind

Registered Owner: _____ Date of Birth: _____
Address: _____ City: _____ Postal Code: _____ 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 Date of Completion: _____ Name of courses: _____
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	Detail

Have you or any other principal operator had any major moving violations in last five years?
[“major” as defined by local legislation – eg. Impaired, etc.]? Yes No
Has Drivers License ever been suspended or cancelled? Yes No

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

Date	Operator	Detail

Previous Insurer: _____ Has Insurance ever been cancelled or refused: Yes No Reason: _____
Please list names of Operators other than owner, date of birth, and percentage of use: _____

Motorcycle:	Year	Make	Model	CC	Serial / VIN #

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 and modifications to Motorcycle since new: _____

Motorcycle: _____ Premium Quoted (Premier usage) _____

Trailer: _____

Deductible: _____ ***NOTE: Premium is fully earned unless Motorcycle is sold. Premium is earned with a seasonal factor.

PLEASE READ BEFORE SIGNING APPLICATION:

This application will be incorporated in its entirety into any relevant policy of insurance where Insurers have relied upon the information contained herein. Any misrepresentations or concealment in this application for insurance (including but not limited to misrepresentation of moving violations or accident record), will render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application. A consumer report containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or any renewal, extension or variation thereof. Signing this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Note: Insurance is not in effect until Premier has issued a Binder Number

Signature (of applicant): _____ Date: _____
Brokerage: _____ Broker Email: _____
Phone: _____ Fax: _____

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