PREMIER) marine

MOTORCYC	LE APPLIC	CATIO	N- Physical Dan	nage Insura	ance- British Columb	oia	Page 1 of 1			
Registered Ow	ner:				Date of Birth:		🗌 Quote 🗌 Bind			
Address:					City:	P.C.:				
Phone:		Me	ember of an Associ	iation/Club (lis	st name- discount may a	oply):				
Loss Payable (name & ful	l addres	ss):							
Name of Princi	pal Operato	or:		Years v	vith Motorcycle License:	Yea	Years as Motorcycle Owner:			
Motorcycle Tra	ining:	🗌 Yes	No Name o	of Course:		Date of Completion:				
ls motorcycle d	lriven to wo	ork?] Yes 🗌 No		If yes, how many tim	If yes, how many times per month? (maximum)				
List all motor	vehicle mo	oving v	iolations in the pa	ast five years	for all operators of the	motorcycle				
Date	Operator			Details		Penalty Points				
							Minor (2-4 penalty points) Major (6 penalty points)			
						Serious/Criminal (10+ points)				
						Minor (2-4 penalty points) Major (6 penalty points) Serious/Criminal (10+ points)				
Has Drivers' Li	conso hoor		nded or cancelled i	in the last 10	vears?		Jiiiiiidi (10+ points)			
Details:		isuspe								
	motor vel	hicle av	nd motorcycle acc	idents or cla	aims in the past five yea	nrs:				
Date		noic ai	Details			Amo	unt			
Date			Dotano							
Previous Insure	er:		Has Ins	urance ever b	been cancelled or refused	1: 🗌 Yes 🗌	No Reason:			
Please list nam	es of Oper	ators o	ther than owner, da							
	Year		Make		Model	CC	Serial / VIN #			
Motorcycle										
Trailer										
Where is your b	bike stored	and wh	nat security measur	res are in plac	ce to prevent theft?	L				
During Riding S	Season:				During Off-Season:	During Off-Season:				
Purchase Date of Motorcycle:					Purchase Price of Motorcycle:					
List all Access	sories / Mo	odificat	ions to Motorcycle	e:						
Total Value of	all Access	sories/l	Modifications to M		nce new:					
			Policy Limit F		Premium Quoted					
		(Market Value including		(Premier usage)	Deductible:					
Motorcycle			accessories)			***NOTE: Premium is fully earned unless				
-	/// 000 :						cle is sold. is earned with a seasonal factor.			
Trailer ACV	′ (\$1,000 ir	101.)				Premium	is earned with a seasonal factor.			
DECLARATIO	N / CONSE	NT								
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 a	pplicant):				Date:					
					Broker Email:	Broker Email:				

	Sign Up for Presto	for instant online	motorcycle quote	and polic	vissuance
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Fax:

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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 - newbizrec@premiergroup.ca **

Vancouver - T 604.669.5211 F 604.669.2667

Phone: