

APPLICATION FOR OFF-ROAD VEHICLE INSURANCE

Certificate Number					Phone # (Res)					
Name of Insured(s)				E-mail			Phone # (Bus)			
Address:				Town			Prov .	Postal		
List of Operators Names				Occupation	Driver's Licence #			Date of Birth	YYYY-MM-DD	
Principal										
Others:										

List All At Fault Accidents – Claims in past 5 years – Date/Amount/Description (if none state)

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List All vehicle driving violations/convictions/suspensions in past 5 years (if none state)

Decline any alcohol and drug violations/convictions/suspensions in the past 25 years.

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Number of Years Snowmobile Experience			Number of Years ATV Experience		
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Has any insurance policy ever been cancelled/declined/refused to renew		
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If so provide reason							
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Previous Insurer							
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Loss Payable (If any)							
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Details of unit(s) to be insured:

Unit #	Make & Model & CC	Year	Sled or ATV	License Plate	Serial Number	Brand New?	Value
1)						<input type="checkbox"/>	\$
2)						<input type="checkbox"/>	\$
3)						<input type="checkbox"/>	\$

Premium Rating: (with \$1000 deductible)

AS PER RATING SCHEDULE	DEDUCTIBLE OPTIONS: <input type="checkbox"/> \$750 ded add 7.5% <input type="checkbox"/> \$500 ded add 10%	Safe Rider Discount deduct 10% Snopass Purchased per machine and Claims / Violation Free	Age 50+ Discount Deduct 15%	RC - Brand New Machine Add \$100 flat	Claims Surcharge	Total Premium
1)	+	-	-	+	+	
2)	+	-	-	+	+	
3)	+	-	-	+	+	
						Taxes
						TOTAL

TOTAL SUM ENCLOSED- (to nearest dollar)

Minimum Premium \$200 for Snowmobiles & \$90 for ATV's

Paid by: Cash Cheque Visa MasterCard Debit

Card No.		Expiry date	
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Signature of Cardholder:		Date	
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Policy Premium is minimum and retained (unless insured unit sold)

I HEREBY UNDERSTAND THAT THE INFORMATION PROVIDED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT INTENTIONALLY PROVIDING FALSE INFORMATION OR WITHHOLDING INFORMATION IS A BREACH OF INSURANCE COVERAGES

Snopass Number 1) 2) 3)

Signature of Applicant		Date	
Signature of Broker		Date	

Complete and forward to:

One Insurance Group

Email: orv@oneinsurancegroup.ca