**MOTORCYCLE** – APPLICATION FOR INSURANCE (Physical Damage - BC only)

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| **APPLICANT INFORMATION** |
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| Applicant(s): |       |
| Email (required for e-signature): |       |
| Mailing address: |       |
| Principal operator: |       |
| Date of birth:  |       # of years with motorcycle license:       |
|  |  |
| Motorcycle operators training course completed?  | [ ]  Yes [ ]  No Member of riding club? [ ]  Yes [ ]  No |
|  |  |
| **Driving Record (last 3 years):**  |
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| Number of minor moving violations? | [ ]  0 [ ]  1 [ ]  2 [ ]  3+ Details:       |
| Number of major moving violations? | [ ]  0 [ ]  1 or more Details:       |
| Number of at-fault claims / accidents?*Provide the requested info for each (attach separate page if necessary).* | [ ]  0 [ ]  1 or more Details (cause of loss, date, amount): Claim Details (cause of loss, amounts paid, date):      Was damage professionally repaired? [ ]  Yes [ ]  No |
|  |  |
| Has insurance ever been cancelled or refused? If yes, provide details: | [ ]  No [ ]  Yes - Details:       |
|  |  |
| Loss Payable (name + address): |       |
| **RISK INFORMATION** |
| Year:       Manufacturer:       Model:       Engine Size:       |
| Type of motorcycle:  | [ ]  Production built – 100% stock manufactured motorcycle[ ]  Production built with no more than $10,000 in modifications from stock[ ]  Production built with more than $10,000 in modifications from stock[ ]  Custom built motorcycle [ ]  Semi-custom built motorcycle  |
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| Is there custom paint on the motorcycle? [ ]  Yes [ ]  No  |
| Year Purchased:       Purchase Price:       |
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| How often is the motorcycled used for [ ]  Never [ ]  Up to 6 days per monthcommuting to and from work/school? [ ]  7-15 days per month [ ]  16+ days per month / daily commute |
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| Motorcycle storage location when not in use: [ ]  Private garage [ ]  Underground parking [ ]  Outdoor – on street  |
|  [ ]  Public storage facility [ ]  Outdoor – on your premises [ ]  Carport |
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| **REQUESTED COVERAGE LIMITS** |
| Motorcycle market value including all accessories: |  $       |
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| Riding Gear | $1,500 |
| Reward | $500 included |
| Lock Rekeying | $1,000 included |
| Transportation Coverage | $1,000 included |
| Additional Living Expenses | $1,000 included |
| Emergency Travel Expense | $1,500 included |
| Emergency Roadside Expense | $100 per occurrence, maximum $250 included |
| Trailer | $1,000 included |
|  |  |
| Deductible: | [ ]  $1,000 [ ]  $500  |

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| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception. The Applicant understands that if the insured fails to immediately inform the insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation. The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud. The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document.  |
| **INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS FORWARD INSURANCE MANAGERS LTD. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.** Forward Insurance Managers Ltd. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder, or insurance policy. |
| **Signature of Applicant(s):**  |  | **Date:**  |  |
| **Brokerage:** |       | **Broker ID#:** |       |
| **Broker Email:**  |  | **Phone:** |       |