

"OPEN SKIES"

Recreational Vehicle Insurance Application Form

Insurance Provided by:



GENERAL INSURANCE COMPANY

1550 Enterprise Rd. Ste. 310, Mississauga, ON L4W 4P4
Phone: (905) 564-9215 Fax: (905) 564-8462

MGA:

Prestige Insurance Brokers Inc.

1192-100th Street North Battleford, SK S9A 0V5
Phone: (306) 445-6100 Fax: (306) 446-6100
Email: general@prestige-ins.ca

Broker: _____ **Producer:** _____

Snowmobile **Quad/ ATV** **Endorsement** **Policy #** _____

Name: _____

Mailing Address: _____ **City:** _____ **Postal** _____

Home Phone: _____ **Work:** _____ **Fax:** _____ **E-mail:** _____

Effective Date: _____ **Expiry Date:** _____

Name of Operator(s)	Birth Date <input type="checkbox"/> (DD/MM/YYYY)	Drivers License #	Years Experience	Convictions (Last 3 Years)	Occupation
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1. What is the Normal Area of Use? _____

2. Where is the Sled/ ATV normally stored and what precautions are taken? _____

3. List All Automobile (Specify) accidents or claims in the past five (5) years (Date, Amount and Type):

Date	Amount	Description
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4. Previous Insurer: _____ Policy Number: _____

5. Do you participate in racing/speed events? Yes No

6. Has snowmobile/ATV been inspected? Yes No

7. Does this operator suffer from any illness, medical condition, or mental or physical disability which might affect the safe operation of a recreational vehicle? Yes No

8. Have you ever had a snowmobile/ATV policy refused, restricted or cancelled? Yes No

Unit(s) to be insured:

	Sled	ATV	Year	Make & Model & CC	Serial #	License Plate #	New/ Used
1.	<input type="checkbox"/>	<input type="checkbox"/>					
2.	<input type="checkbox"/>	<input type="checkbox"/>					
3.	<input type="checkbox"/>	<input type="checkbox"/>					

Description of modifications (if applicable)

Engine _____ \$ _____
Suspension _____ \$ _____
Other _____ \$ _____

Lienholder Name: _____

Address: _____ **Province:** _____ **Postal Code:** _____

PLEASE CHECK COVERAGE REQUIRED

Unit	Section A						Section C		Section D
	Liability						Loss or Damage to Insured Unit		Endorsements
	Sled			ATV			This Policy Contains a Partial Payment of Loss Clause		
	Licensed – Excess of \$1,000,000		Unlicensed – \$1,000,000	\$1,000,000					
	Accept	Decline	Accept	Decline	Accept	Decline	\$500.00 Amount deductible for each separate claim, except for loss or damage by fire, lightning or theft of the entire unit or where stated otherwise in the Policy.		
1							Subsection 1 All Perils	\$	Specify Name of Endorsement and if Additional Premium Charged
							Subsection 2 Collision or Upset	\$	
							Subsection 3 Comprehensive	\$	
							Subsection 4 Specified Perils	\$	
2							Subsection 1 All Perils	\$	Specify Name of Endorsement and if Additional Premium Charged
							Subsection 2 Collision or Upset	\$	
							Subsection 3 Comprehensive	\$	
							Subsection 4 Specified Perils	\$	
3							Subsection 1 All Perils	\$	Specify Name of Endorsement and if Additional Premium Charged
							Subsection 2 Collision or Upset	\$	
							Subsection 3 Comprehensive	\$	
							Subsection 4 Specified Perils	\$	

Rating: (To be completed by an Authorized Representative of Prestige Insurance Brokers Inc.)							
Unit	Sec. A Limit	Sec. A Premium	Sec. C Value	Sec. C Coverage	Sec. C Premium	Sec. D Premium	Total Unit Premium
1.	\$	\$	\$		\$	\$	\$
2.	\$	\$	\$		\$	\$	\$
3.	\$	\$	\$		\$	\$	\$
Estimated Premium:							\$
Applicable Policy Fee(s):							\$
Total Estimated Premium (Incl. Fee(s)):							\$

The insurance application is considered to include all provisions for all forms to be issued in accordance with this contract. Total Estimated Premium is Subject to Adjustment.

MINIMUM EARNED PREMIUM IS 25% PER MONTH (OR PARTIAL MONTH) OF THE ANNUAL PREMIUM. THE MINIMUM RETAINED PREMIUM INCLUDING FEES IS \$150. TOTAL POLICY COST MUST BE AT LEAST \$150.

Where (a) an Applicant for a contract (i) gives false particulars of the described vehicle to be insured to the prejudice of the Insurer, or (ii) knowingly misrepresents or fails to disclose in the application any fact required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured wilfully makes a false statement in respect of a claim under the contract, a claim by the Insured is invalid and the right of the Insured to recover indemnity is forfeited.

DECLARATION

"OPEN SKIES" Recreational Vehicle Insurance Application Form

I understand that any existing damage is not covered and must be declared. I understand that fraudulent claims will not be tolerated and will be prosecuted. Coverage is not in force until a completed and signed application is received at the office of Prestige Insurance Brokers Inc. I hereby authorize Echelon General Insurance Company/Prestige Insurance Brokers Inc. to investigate and obtain driver and accident records.

I acknowledge that the recreational vehicle policy that I am applying for does not include Accident Benefit Coverage.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy provided through Echelon General Insurance Company (EGIC). I acknowledge that if, at the time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is underwritten by EGIC and provided to you by Prestige Insurance Brokers Inc. EGIC and Prestige Insurance Brokers Inc. will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any claims. Full details regarding how your privacy is protected can be obtained by asking Prestige Insurance Brokers Inc. for a copy of EGIC's Privacy Policy.

APPLICANT'S NAME (PLEASE PRINT)

SIGNATURE OF APPLICANT

DATE (MM/DD/YYYY)