



Beacon Off Road Vehicle Application

by Leaders Insurance

(for ATV's, Dirt Bikes & Snowmobiles)

Private Pleasure Use Only - BC

Name: _____ Date of Birth: _____ Occupation: _____

Address: _____

Postal Code: _____ Phone: _____ Fax: _____

Years as owner _____ Years experience _____ Years with vehicle driver's license _____

Has Drivers Licence ever been suspended or cancelled? Yes No If yes, when and how long? _____

List Traffic Violations (last 5 years): _____

Operators other than insured:	Date of Birth	% of use	Suspensions/Violations

List all motor vehicle accidents or claims in the past five years: If None please mark None.

Date	Cause	Amount

Previous Insurer: _____ Has Insurance ever been cancelled: Yes No Give Reason: _____

Loss Payable (name & full address): _____

Details of Dirt Bike / Snowmobile / ATV and equipment:

Unit	Year	Make	Model	CC	Serial / VIN #
Dirt Bike <input type="checkbox"/> Snowmobile <input type="checkbox"/> ATV <input type="checkbox"/>					
Dirt Bike <input type="checkbox"/> Snowmobile <input type="checkbox"/> ATV <input type="checkbox"/>					
Dirt Bike <input type="checkbox"/> Snowmobile <input type="checkbox"/> ATV <input type="checkbox"/>					
Dirt Bike <input type="checkbox"/> Snowmobile <input type="checkbox"/> ATV <input type="checkbox"/>					
Trailer					

Where is your Unit stored and what security measures are in place to prevent theft? _____

During Riding Season: _____ During Off-season: _____

List Accessories / Modifications: _____ Value (Accessories) : _____

Purchase Date: _____ Purchase Price: _____

Unit	Agreed Value (Current Market Value including accessories)	Coverage All Risk or Specified Perils	Deductible
Dirt Bike <input type="checkbox"/> Snowmobile <input type="checkbox"/> ATV <input type="checkbox"/>		All Risk <input type="checkbox"/> Specified Perils <input type="checkbox"/>	\$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/>
Dirt Bike <input type="checkbox"/> Snowmobile <input type="checkbox"/> ATV <input type="checkbox"/>		All Risk <input type="checkbox"/> Specified Perils <input type="checkbox"/>	\$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/>
Dirt Bike <input type="checkbox"/> Snowmobile <input type="checkbox"/> ATV <input type="checkbox"/>		All Risk <input type="checkbox"/> Specified Perils <input type="checkbox"/>	\$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/>
Dirt Bike <input type="checkbox"/> Snowmobile <input type="checkbox"/> ATV <input type="checkbox"/>		All Risk <input type="checkbox"/> Specified Perils <input type="checkbox"/>	\$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/>
Trailer (\$1,000 incl.)		Riding Gear (\$1,000 incl.)	
Optional Liability	Not Required <input type="checkbox"/>	\$1,000,000 <input type="checkbox"/>	\$2,000,000 <input type="checkbox"/>
Optional Accident & Rescue Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Discounts	Safety Operating Course Yes <input type="checkbox"/> No <input type="checkbox"/>	Club Affiliation Yes <input type="checkbox"/> No <input type="checkbox"/>	Ignition Immobilizer Yes <input type="checkbox"/> No <input type="checkbox"/>
			Rollover Protection Yes <input type="checkbox"/> No <input type="checkbox"/>

Your claim is invalid if at any time you fail to provide complete and accurate information, violate a term or condition of your policy or commit fraud. This is a summary only; for full information, see section 75 of the Insurance (Vehicle) Act

You also agree that reports containing personal, credit, factual record, premium payment or claims history may be sought or exchanged in connection with this application for insurance or renewal thereof. Completion of this application does not bind the applicant to accept the quotation nor does it bind the insurer to accept the risk.

Date: _____

Signature: _____

Broker: _____ Phone: _____

(of applicant) _____

Email: _____

Fax: _____