

Beacon RideSmart Motorcycle Application by Leaders Insurance

Full Name: _____ **Date of Birth:** D/M/Y _____ **Occupation:** _____

Full Address: _____

Telephone: _____ **Email address:** _____

of Years as Bike Owner: _____ **Years with Vehicle License:** _____ **Years with Motorcycle License:** _____

Motorcycle Training: Yes No **If "Yes", name of course:** _____

Any Traffic Violations (last 5 years)? Yes No **If Yes, detail when and why below:** _____

Has Driver's License been Suspended or Cancelled in the past 5 years? Yes No **If "Yes", please list when and reason below:** _____

Is Bike driven to work? Yes No **If "Yes", how many times per month?** _____ **Distance each way:** _____ **Km**

Operators other than Insured? Yes No **If "Yes", Operators Name:** _____

Date of Birth: _____ **Years Licensed:** _____ **M/C Training:** Yes No **Traffic Violations:** _____

Any motor vehicle and motorcycle accidents or claims in the past five years? Yes No **If "Yes", please list below:** _____

Date	Cause	Amount	At Fault Y/N

Previous Insurer: _____ **Has Insurance ever been cancelled?** Yes No **If "Yes", please list reason(s) below:** _____

Club Member? _____ **Financed by (full name & address):** _____

Details of Motorcycle & Accessories: **Class of Bike:** Cruiser Touring Sport Dual Purpose

	Year	Make	Model	CC	Serial / VIN #
M/C					
M/C					
M/C					
Trailer					

Where is your Bike stored during: **Riding Season?** _____ **Off Season?** _____

What security measures are in place to prevent theft: **Riding Season?** _____ **Off Season?** _____

Unit	Purchase Date	Purchase Price	Value of Accessories	Current Market Value	Deductible
Motorcycle					<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000
Motorcycle					<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000
Motorcycle					<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000
Trailer ACV (\$1,000 incl.)					<input type="checkbox"/> \$250
Riding Gear ACV (\$1,000 incl.)					<input type="checkbox"/> \$250

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: _____
Broker: _____ **Email:** _____ **X**
Phone: _____ **Fax:** _____ **Signature of Applicant**

**** THIS POLICY COVERS PHYSICAL DAMAGE ONLY. NO LIABILITY ****