



PO Box 370, 290 Alexander Street, Salmon Arm, BC V1E 4N5

TF 1.888.645.8811 P 250.832.1008 F 250.832.3222

"Ride School - Ride Smart" Motorcycle School Application

Name of Applicant: _____

Business Address: _____ City: _____

Postal Code: _____ Phone: _____ Fax: _____

Name(s) of Owners (if different from applicant name): _____

Years with Class 5 _____
Vehicle Licence

Years with Class 6 _____
Motorcycle Licence

Certified Motorcycle Course: Yes No

Traffic Violations (last 5 years) details when & why: _____

Has Drivers Licence ever been suspended or cancelled?
 Yes No If Yes, when & why

Please describe experience with bikes and teaching, and include qualifications: _____

List All motor vehicle and motorcycle accidents or claims in the past five years if none please mark N/A:

| Date | Cause | Amount | At Fault Y/N or Split |
|------|-------|--------|-----------------------|
| | | | |
| | | | |

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

*** Details of Motorcycles : Please use attached schedule.

Where are your bikes stored? During riding season: _____ During Off-season: _____

What security measures are in place to prevent theft? During riding season: _____ During Off-season: _____

*Premium is Fully Earned Unless Motorcycle is Sold *

* This Policy Covers Physical Damage Only - No Liability *

I understand that the information set forth is correct and shall be the basis upon which insurance may be granted.
I 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: _____

Phone: _____

Signature:
(of applicant) _____

Fax: _____

Broker Email: _____



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Schedule of Bikes to be insured:

| Year | Make | Model | CC | Vin # | Purchase Price | Ageed Value | Financed By |
|------|------|-------|----|-------|----------------|-------------|-------------|
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