



Ride Smart Motorcycle Application

Name: _____ Date of Birth: _____ Occupation: _____
First Name Last Name D/M/Y

Address: _____ City: _____ Prov: _____ Postal Code: _____

Phone Number : _____
 Years as _____ Years with _____ Years with _____ Motorcycle Training: YES NO Name of Course: _____
(Bike Owner) (Vehicle License) (Motorcycle License)

Traffic Violations (last 5 years): _____ Details when & Why: _____

Has Driver's License been Suspended or Cancelled in the past 5 years? YES NO If yes, when & reason: _____

Is bike driven to work? YES NO If yes, how many times per month? _____ (maximum) Dist each way: _____ Km

Operators other than insured: _____ Date of Birth: _____ Years Licensed: _____ M/C Training: Yes No Traffic Violations: _____

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

Date	Cause	Amount	At Fault Y/N

Previous Insurer: _____ Has Insurance ever been cancelled: YES NO Give Reason: _____

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

Details of Motorcycle and 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? _____ During 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					\$500 <input type="checkbox"/> \$1000
Motorcycle					\$500 \$1000
Motorcycle					\$500 \$1000
Trailer ACV (\$1,000 incl.)					\$250
Riding Gear ACV (\$1,000 incl.)					\$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: _____

Signature: _____
 (of applicant)

Phone: _____ Fax: _____

Broker Email: _____

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