



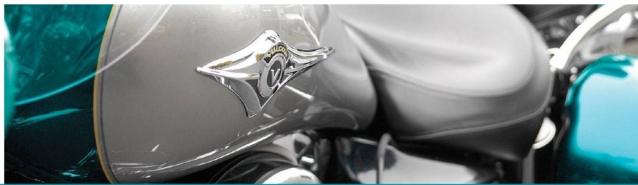
Megson FitzPatrick Motorcycle Physical Damage Insurance Program Application

BROKER: Megson FitzPatrick Inc.

INSURER: Intact Insurance (Formerly: ING insurance)

General Information:				
Registered Owner:				
Principal Operator:		Birth Date: (mm/dd/yyyy)		
Principal Operator BCDL #				
Mailing Address:				
City or Town:		Postcode:		
Phone #		Work #	Fax #	
Email address:				
Residential Address (if different from above):				
Bike Information:				
Year:		Make:		
Serial #:		Model:		
Displacement:				
Market Value:	\$	(include PST & GST)		
Motorcycle Riding Gear: The policy includes Motorcycle Riding Gear coverage up to \$1000. If a higher limit of coverage is required, please indicate total amount needed: \$				
Any Modifications to motorcycle?	<input type="checkbox"/> No <input type="checkbox"/> Yes-please list:			
Any accessories added?	<input type="checkbox"/> No <input type="checkbox"/> Yes-please list:			
Does your motorcycle tow a trailer?	<input type="checkbox"/> No <input type="checkbox"/> Yes-describe:			
Does your bike have an alarm/immobilizer?	<input type="checkbox"/> No <input type="checkbox"/> Yes-please list:			
Please describe where your motorcycle is stored:				
Riding Season:		Off Season:		





Rider information:			
Principal Operator- # of years held a driver's license:		# of years held a Motorcycle license:	
Number of years of ON ROAD motorcycling experience:			
Number of motor vehicle accidents in last 5 years in any vehicle:			
Number of Motor Vehicle Moving violations within last 5 years in any vehicle:			
Has driver's license ever been suspended or cancelled?	<input type="checkbox"/> No <input type="checkbox"/> Yes, when, for what reason and for how long:		
Has an Auto Insurer ever declined or cancelled your insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes, when, for what reason:		
Has applicant completed a recognized motorcycle riders training program? If yes, which course taken and when was it completed?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Are there other regular operators of this motorcycle:	<input type="checkbox"/> No <input type="checkbox"/> Yes- Please complete a separate application.		
List membership in any motorcycle clubs/associations such as BC-COM, HOG, GWRRA etc:			
Club:		Membership #:	
Club:		Membership #:	
"All Perils" Deductible Option Selected [As per British Columbia Motorcycle All Perils Policy Form BC MCY A/P (09/99), Section C Subsection 1].		<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500	

Policy non-cancelable unless vehicle sold

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or a renewal, extension, or variation thereof.

I certify that all the statements made in this application are complete and accurate. I understand that the acceptance and underwriting of the policy is based on the truth and accuracy of these statements. I understand that withholding or misrepresenting information may affect my insurance coverage.

***ALL APPLICATIONS/SUBMISSIONS ARE ON AN OFFER AND ACCEPTANCE BASIS. COVERAGE NOT BOUND UNTIL APPROVED BY MEGSON FITZPATRICK INC. PREMIUM CALCULATION – TO BE COMPLETED BY AGENT ONLY-**

Signature of Applicant:

Dated

REV August 09

