



Megson FitzPatrick Motorcycle Physical Damage Insurance Program Sub-Broker Application

BROKER: Megson FitzPatrick Inc.
INSURER: Intact Insurance (Formerly: ING insurance)

To be completed by Sub-Broker for Submission:			
Company Name:		Contact Name:	
Address:			
Phone #:		Fax #:	
General Information:			
Registered Owner:			
Principal Operator:		Birth Date: (mm/dd/yyyy)	
Principal Operator BCDL #			
Residential Address:			
City or Town:		Postcode:	
Email address:			
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:		





Bike Information Continued.			
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 at fault 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.

Signature of Applicant

Dated

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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

REV August 09.

