Pedal Power Business Use Endorsement Request

(Please fill in completely for a quicker response, send to pedalpower@oasisins.ca)

Brokerage Office:	**Broker's Email:**

Endorsement Effective Date:		**Producer:**	
Insured's Names:			**Policy #:**
Mailing Address:	**City:**	**Prov:**	**Postal Code:**
Home Phone #:	**Work Phone #**		

Please specify which unit(s) on the policy will have Business use:

Unit #	Unit Type	Year	Make	Model *Mandatory	CC	Serial # *17 characters	Plate #	Business	Pleasure
								%	%
								%	%
								%	%
								%	%

State the usual distance driven annually (km):

Please give a detailed description of how the unit(s) will be used in the insured's Business: