



Oasis Outdoor Adventure & Sport Insurance Solutions Inc.  
 10020 12<sup>th</sup> Ave, North Battleford SK, S9A 3A4 Phone: 1-866-979-2747 Fax: 1-866-488-6122  
 pedalpower@oasisins.ca

## PEDAL POWER - ENDORSEMENT REQUEST FORM

(Please fill in completely for a quicker response)

<b>Insured's Named:</b>	<b>Policy #:</b>
<b>Endorsement Request:</b>	<b>Endorsement Effective Date:</b>

<b>Brokerage office:</b>			
<b>Producer:</b>	<b>Brokers Email:</b>		
<b>Insured's Address:</b>	<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>
<b>Home Phone:</b>	<b>Cell:</b>		

<b>Bicycle to be Insured:</b>					
Bike #	Year	Make	Model	Serial #	New/Used
<b>Unit #</b> <input type="checkbox"/> Pedal Bike <input type="checkbox"/> Electric Bike/Scooter <input type="checkbox"/> Segway					
<b>Third Party Liability</b>  <input type="checkbox"/> \$1,000,000	<b>Personal Accident</b> <input type="checkbox"/> Basic - \$25,000 <input type="checkbox"/> Enhanced - \$50,000 <small>Not available on Segway's</small>	<b>Physical Damage</b> <input type="checkbox"/> All Perils Insured Value \$ _____	<b>Endorsements</b> Business Use Endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No Competitive Event Extension <input type="checkbox"/> Yes <input type="checkbox"/> No Purchase price \$ _____ Delivery date _____		
<b>Modifications:</b>					<b>Value: \$</b>
<b>Unit #</b> ___ <b>Lien Holder (if applicable) Name:</b>					
<b>Address:</b>			<b>City:</b>	<b>Postal Code:</b>	

Do you have a current valid membership with any of the following organizations?

International Mountain Bike Association of Canada (IMBA)   
  Canadian Cycling Association   
  Triathlon Canada

Membership # \_\_\_\_\_ Club Name: \_\_\_\_\_

No.	Name of Principal Operator	Birth Date DD/MM/YYYY	Driver's License #	Years Experience	Convictions (Last 3 years)	Occupation
1						
2						

<b>Remarks :</b>