

Pedal Power Insurance Application



Effected with certain Lloyd's Underwriters "The insurer" through

OASIS Outdoor Adventure & Sport Insurance Solutions Inc
 10020 12th Ave, North Battleford SK, S9A 3A4
 Phone: 866-979-2747 Fax: 866-488-6122
 E-mail: pedalpower@oasisins.ca

Applicants Name: _____ **Effective Date:** dd/mm/yyyy **Expiry Date:** dd/mm/yyyy

Mailing Address: _____

City: _____ **Prov:** _____ **Postal Code:** _____ **Home Or Cell #:** _____

Brokerage office: _____

Broker Name: _____ **Broker Email:** _____

1. Do you have a current valid membership with any of the following organizations? IMBA Canada Canadian Cycling Association
 Triathlon Canada Association
 If so, name of club and membership # _____
2. What is the Normal Area of Use? _____
3. Where is the unit normally stored and what precautions are taken? _____
4. Have you had any bike thefts or claims in the past 3 years? Yes No
5. Previous Insurer: _____ Policy Number: _____
6. Do you participate in any stunting or competitive events? Yes No
7. Is the bike used extensively for stunting or jumping? (if yes, competitive rates will apply) Yes No
8. Does the operator suffer from any illness, medical condition, or mental or physical disability which might affect the safe operation of the unit? Yes No
9. Will there be any business use on the units? Yes No
10. Are any if the units to be insured under this policy, gasoline powered machines or bikes? (If yes, please specify which units below.) Yes No
11. Will you be traveling outside of Canada with your bike for more than 6 days? (if yes, please fill in below) Yes No
 Date leaving Canada: _____ Date returning to Canada: _____ Total days of Trip: _____
 Purpose of the trip _____
 What countries will you be traveling to: _____

1. Unit Type: <input type="checkbox"/> Pedal Bike <input type="checkbox"/> e-Bikes <input type="checkbox"/> Scooters <input type="checkbox"/> Segway <input type="checkbox"/> E-Skateboard <input type="checkbox"/> Golf Cart				
Year :	Make	Model:	Serial #	New or Used
Description of Components (if applicable)				
Name of Principle Operator:		Date of Birth:		Driver's License #:
Does this unit run at all on Gasoline? Yes <input type="checkbox"/> No <input type="checkbox"/>				

2. Unit Type: <input type="checkbox"/> Pedal Bike <input type="checkbox"/> e-Bikes <input type="checkbox"/> Scooters <input type="checkbox"/> Segway <input type="checkbox"/> E-Skateboard <input type="checkbox"/> Golf Cart				
Year :	Make	Model:	Serial #	New or Used
Description of Components (if applicable)				
Name of Principle Operator:		Date of Birth:		Driver's License #:
Does this unit run at all on Gasoline? Yes <input type="checkbox"/> No <input type="checkbox"/>				

3. Unit Type: <input type="checkbox"/> Pedal Bike <input type="checkbox"/> e-Bikes <input type="checkbox"/> Scooters <input type="checkbox"/> Segway <input type="checkbox"/> E-Skateboard <input type="checkbox"/> Golf Cart				
Year :	Make	Model:	Serial #	New or Used
Description of Components (if applicable)				
Name of Principle Operator:		Date of Birth:		Driver's License #:
Does this unit run at all on Gasoline? Yes <input type="checkbox"/> No <input type="checkbox"/>				

4. Unit Type: <input type="checkbox"/> Pedal <input type="checkbox"/> e-Bikes <input type="checkbox"/> Scooters <input type="checkbox"/> Segway <input type="checkbox"/> E-Skateboard <input type="checkbox"/> Golf Cart				
Year :	Make	Model:	Serial #	New or Used
Description of Components (if applicable)				
Name of Principle Operator:		Date of Birth:		Driver's License #:
Does this unit run at all on Gasoline? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Lienholder Name: _____ Unit # _____
 Address: _____ Province: _____ Postal Code: _____

