

# Pedal Power Insurance Application



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

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

<b>Brokerage office</b>		<b>Broker Email:</b>		<b>Broker Name:</b>	
<b>Applicants Name:</b>					
<b>Mailing Address:</b>				<b>City:</b>	
<b>Postal Code:</b>		<b>Home Phone #:</b>		<b>Cell #:</b>	
<b>Effective Date:</b>		dd/mm/yyyy		<b>Expiry</b>	
				dd/mm/yyyy	

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, gas powered machines or bikes? (If yes, the gas powered units don't qualify got this policy.) Yes  No

1. Unit Type: <input type="checkbox"/> Pedal Bike <input type="checkbox"/> Bikes using primarily or exclusively electric power <input type="checkbox"/> Segway (Accident Benefits not available)			
Year :	Make	Model:	Serial #
Description of Components (if applicable)			Value:
Name of Principle Operator:		Date of Birth:	Driver's License #:

2. Unit Type: <input type="checkbox"/> Pedal Bike <input type="checkbox"/> Bikes using primarily or exclusively electric power <input type="checkbox"/> Segway (Accident Benefits not available)			
Year :	Make	Model:	Serial #
Description of Components (if applicable)			Value:
Name of Principle Operator:		Date of Birth:	Driver's License #:

3. Unit Type: <input type="checkbox"/> Pedal Bike <input type="checkbox"/> Bikes using primarily or exclusively electric power <input type="checkbox"/> Segway (Accident Benefits not available)			
Year :	Make	Model:	Serial #
Description of Components (if applicable)			Value:
Name of Principle Operator:		Date of Birth:	Driver's License #:

4. Unit Type: <input type="checkbox"/> Pedal Bike <input type="checkbox"/> Bikes using primarily or exclusively electric power <input type="checkbox"/> Segway (Accident Benefits not available)			
Year :	Make	Model:	Serial #
Description of Components (if applicable)			Value:
Name of Principle Operator:		Date of Birth:	Driver's License #:

Lienholder Name: \_\_\_\_\_ Unit # \_\_\_\_\_  
 Address: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

PLEASE CHECK COVERAGE REQUIRED

<b>UNIT #1</b>					
<b>Third Party Liability</b>  <input type="checkbox"/> \$1,000,000 Liability  \$ _____	<b>Personal Accident</b> Not available on Segway Enhanced      Basic <input type="checkbox"/> <input type="checkbox"/>  \$ _____      \$ _____		<b>Physical Damage</b>  <input type="checkbox"/> All Perils      Insured Value or purchase price  \$ _____      \$ _____		<b>Endorsements</b>  Competitive <input type="checkbox"/> Yes Event Extension <input type="checkbox"/> No  \$ _____
	<b>Unit #1 Premium: \$</b>				
<b>UNIT #2</b>					
<b>Third Party Liability</b>  <input type="checkbox"/> \$1,000,000 Liability  \$ _____	<b>Personal Accident</b> Not available on Segway Enhanced      Basic <input type="checkbox"/> <input type="checkbox"/>  \$ _____      \$ _____		<b>Physical Damage</b>  <input type="checkbox"/> All Perils      Insured Value or purchase price  \$ _____      \$ _____		<b>Endorsements</b>  Competitive <input type="checkbox"/> Yes Event Extension <input type="checkbox"/> No  \$ _____
	<b>Unit #2 Premium: \$</b>				
<b>UNIT #3</b>					
<b>Third Party Liability</b>  <input type="checkbox"/> \$1,000,000 Liability  \$ _____	<b>Personal Accident</b> Not available on Segway Enhanced      Basic <input type="checkbox"/> <input type="checkbox"/>  \$ _____      \$ _____		<b>Physical Damage</b>  <input type="checkbox"/> All Perils      Insured Value or purchase price  \$ _____      \$ _____		<b>Endorsements</b>  Competitive <input type="checkbox"/> Yes Event Extension <input type="checkbox"/> No  \$ _____
	<b>Unit #3 Premium: \$</b>				
<b>UNIT #4</b>					
<b>Third Party Liability</b>  <input type="checkbox"/> \$1,000,000 Liability  \$ _____	<b>Personal Accident</b> Not available on Segway Enhanced      Basic <input type="checkbox"/> <input type="checkbox"/>  \$ _____      \$ _____		<b>Physical Damage</b>  <input type="checkbox"/> All Perils      Insured Value or purchase price  \$ _____      \$ _____		<b>Endorsements</b>  Competitive <input type="checkbox"/> Yes Event Extension <input type="checkbox"/> No  \$ _____
	<b>Unit #4 Premium: \$</b>				
(Premiums are earned at 12.5% per month or a portion thereof over the first eight (8) months, minimum retained premium is \$50 per policy)				<b>Estimated Policy Premium: \$</b>	

The insurance application is considered to include all provisions for all forms to be issued in accordance with this contract. Total Estimated Premium is Subject to Adjustment. Where (a) an Applicant for a contract (i) gives false particulars of the described vehicle to be insured to the prejudice of the Insurer, or (ii) knowingly misrepresents or fails to disclose in the application any fact required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured wilfully makes a false statement in respect of a claim under the contract, a claim by the Insured is invalid and the right of the Insured to recover indemnity is forfeited.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE (MM/DD/YYYY)

**DECLARATION:**

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy provided through certain Lloyd's Underwriters at Lloyd's. I acknowledge that if, at the time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: By purchasing insurance from certain Underwriters at Lloyd's, London ("Lloyd's"), a customer provides Lloyd's with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- The communication with Lloyd's policy holders
- The underwriting of policies
- The evaluation of claims
- The detection and prevention of fraud
- The analysis of business results
- Purposes required or authorised by law

For the purposes identified, personal information may be disclosed to Lloyd's related or affiliated organisations or companies, their agents/mandataries, and to certain non-related or unaffiliated organisations or companies.

Further information about Lloyd's personal information protection policy may be obtained from the customer's broker or by contacting Lloyd's on 514 861 8361 or through [info@lloyds.ca](mailto:info@lloyds.ca)