

## **ATVBC MEMBERS LIABILITY INSURANCE PROGRAM**

### **UNDERWRITING REQUIREMENTS**

The following rules apply to all applications submitted in connection with the ATVBC Members Liability Insurance Program in British Columbia offered by Oasis Outdoor Adventure & Sport Insurance Solutions Inc. and the Quad Riders ATV Association of British Columbia

1. **Policy Terms:** 12 months from effective date of policy
2. **Classes of Business:** All wheeled off road vehicles are eligible, provided they are not licensed for use on any public roadway or highway where prohibited by law, or used in race or speed events or practice.
3. **Territory:** Only residents of the province of British Columbia with a valid driver's license are eligible for coverage under the program.
4. **a) Restricted Coverage Form Available – Driver's Policy Only:** Third Party Liability with \$1,000,000 limit. No other limit option is available. The trail pass policy is a **driver's** Policy allowing the policyholder **only** to have third party liability coverage and accident benefits when driving any eligible vehicle. If coverage is required for the applicant's family or residents of the applicant's household then the applicant should be referred to Oasis Outdoor Adventure & Sport Insurance Solutions Inc. or their appointed brokers to obtain the required application forms. If they require competitive event coverage it is not available through the trail pass, it is only available through OASIS Outdoor Adventure & Sport insurance Solutions Inc.  
**b) Optional Basic Personal Accident \$25,000**  
**c) Optional Enhanced Personal Accident \$50,000**
5. **Minimum Premium – Premium is fully earned at inception. Section A is \$ 90, Accident Benefits basic is \$ 15, enhanced is \$ 60, no discounts and all premiums are fully earned.**
6. **Referrals for Special Acceptance:** This coverage is only available to members who qualify. This coverage does **NOT** extend to cover family members of the applicant, residents of the applicant's household or any individual other than the applicant. The following are ineligible to participate in this program:
  - Any applicant with a Criminal Code offence within the past 3 (three) years;
  - Any applicant with more than 6 (six) demerit points on their driving record;
  - Any applicant with more than 2 (two) moving Motor Vehicle Act offences on their driving record within the past 3 (three) years.
  - Any applicant without a valid driver's license
7. **Claim Procedures:** All Claims should be reported directly to [claims@oasisinsurance.ca](mailto:claims@oasisinsurance.ca) including a fully completed incident form to assist in the prompt handling of claims.

## ATVBC Member Insurance Application Form

(not valid without all information completed, form signed and on file with OASIS Outdoor Adventure & Sport Insurance Solutions Inc.)

This form is to make application to provide \$1,000,000 third party legal liability coverage for Bodily Injury or Property Damage arising out of the ownership, use or operation of a **self propelled unlicensed vehicle designed to be driven off-road and travel on 4 wheels or more**. Additional coverage such as basic Personal Accident or Enhanced Personal Accident may also be purchased. The insurance program is authorized by certain Lloyd's Underwriters (the "Insurer") and available only through the approved Coverholder OASIS Outdoor Adventure & Sport Insurance Solutions Inc.

**Policy expiry date is 12 months from effective date**

Applicant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: BC Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

ATVBC Membership Number: \_\_\_\_\_

Optional Basic Personal Accident \$25,000	<input type="checkbox"/> Yes <input type="checkbox"/> No
Optional Enhanced Personal Accident \$50,000	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I state</b> the information provided on this application is truthfully accurate to the best of my knowledge	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I state that:</b>	
I have no Motor Vehicle related Criminal Code offences on my driving record within the past 3 years; and	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have no more than 6 (six) demerit points on my driving record; and	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have no more than two (2) moving Motor Vehicle Act offences on my driving record within the past 3 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I agree</b> to provide (and/or grant permission for the Insurer to obtain) Motor Vehicle Driving Records to verify compliance with the above statements	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I understand that only the Applicant</b> is covered for third party legal liability arising out of the ownership, use or operation of an off road vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I understand that operators other than the Applicant</b> are excluded from coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No
This means that this coverage does not extend to cover family members, residents of the Applicant's household or any individual other than the Applicant.	
<b>I understand that there is no coverage:</b>	
• if I operate an off road vehicle under the influence of drugs or alcohol (zero tolerance); or	<input type="checkbox"/> Yes <input type="checkbox"/> No
• if I operate an off road vehicle for any racing, speed test, extreme activity such as a Hill Climb; or	<input type="checkbox"/> Yes <input type="checkbox"/> No
• if I participate in competition or practice, jumping, stunt riding, waterborne use; or	<input type="checkbox"/> Yes <input type="checkbox"/> No
• if I use an off road vehicle for any business purpose; or to carry more than myself and three passengers; or	<input type="checkbox"/> Yes <input type="checkbox"/> No
• for any purpose for which an off road vehicle was not intended; or	<input type="checkbox"/> Yes <input type="checkbox"/> No
• if I and any passenger are not wearing appropriate helmets; or	<input type="checkbox"/> Yes <input type="checkbox"/> No
• if I do not hold a valid Motor Vehicle Driver's License; or	<input type="checkbox"/> Yes <input type="checkbox"/> No
• if I operate an off road vehicle on any public roadway other than permitted by an unlicensed off road vehicle under the laws, acts or statutes of the province of British Columbia	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I understand, accept and agree</b> that misrepresentations on this form are material to the Insurer's acceptance of my application and will render insurance Null and Void	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I state I have read and understand this form</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_