



**OASIS OUTDOOR
ADVENTURE &
SPORT INSURANCE
SOLUTIONS INC.**



10020 12th Ave, North Battleford SK, S9A 3A4 Phone: 1-866-979-2747 Fax: 1-866-488-6122

BRITISH COLUMBIA ENDORSEMENT REQUEST FORM

(Please fill in completely for a quicker response and email to bctoys@oasisins.ca)

Policy #:	Named Insured:
Endorsement Request:	Endorsement Effective Date:

Insured's Address:	City:	Province:	Postal Code:
Home or Cell Phone #:	Work Phone # :		

Brokerage Office:	
Brokers name:	Brokers Email:

Unit to be Insured:							
Unit #	Unit Type	Year	Make	Model	CC	VIN # *7-17 characters	New/Used

Unit #	ICBC Plate #:	ICBC Decal #:	
Third Party Liability <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000	Personal Accident <input type="checkbox"/> Basic - \$25,000 <input type="checkbox"/> Enhanced - \$50,000	Physical Damage <input type="checkbox"/> All Perils <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Perils Insured Value \$ _____	Endorsements Business Use Endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No Rider Plus Endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No Replacement cost <input type="checkbox"/> Yes <input type="checkbox"/> No Purchase price \$ _____ Delivery date _____

Does the unit have ICBCs Road Crossing Third Party Liability? Yes No Unit # ____ **If yes, a copy of the ICBC Doc is required.**

\$500.00 Deductible applies to each occurrence causing loss or damage covered under any subsection of Section C, unless otherwise specified. Optional \$1000 deductible

Modifications: _____ **Value: \$** _____

Unit # ____ Lien Holder (if applicable) Name: _____

Address: _____ **City:** _____ **Postal Code:** _____

Optional Truck Deck or Trailer Coverage (Subject to the same physical damage perils purchased on the insured unit): _____ **Value: \$** _____

1. Membership # _____ Club Name: _____
2. Safety course though AQCC/CASI or Canadian Safety Counsel? Yes No ATV Sled TB Avalanche Course
3. Do any of the units have a turbo? Factory Installed Unit # ____ OR Aftermarket Unit # ____
4. If the unit is an ATV or TB will it be modified with tracks for winter use or any time during the policy period? Yes No Unit # ____
5. Do any of the units have a safety immobilizer or a Spot Trace™ tracking device? Yes No Unit # ____
6. Will any of the units be used for Business use? Yes No Unit # ____
 % of Business _____ % of Pleasure _____ KM Driven Annually _____ *** In the remarks below describe the business use**

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

Remarks :

All Premiums are earned 20% per month for the first five (5) months and/or subject to a \$50 minimum Retained Premium per unit.

X _____
(Optional - Insured Signature)

Date Signed _____