



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

### MANITOBA ENDORSEMENT REQUEST FORM

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

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

<b>Insured's Address:</b>	<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>
<b>Home or Cell Phone #:</b>	<b>Work Phone #:</b>		

<b>Brokerage Office:</b>	
<b>Broker Name:</b>	<b>Brokers Email:</b>

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

Unit #	Plate #	Third Party Liability	Personal Accident	Physical Damage	Endorsements
		<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All Perils <input type="checkbox"/> Comprehensive Insured Value \$ _____	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 _____

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

<b>Modifications:</b>	<b>Value: \$</b>
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<b>Unit #</b> _____ <b>Lien Holder (if applicable) Name:</b>
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<b>Address:</b>	<b>City:</b>	<b>Postal Code:</b>
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<b>Optional Truck Deck or Trailer Coverage</b> (Subject to the same physical damage perils purchased on the insured unit):	<b>Value: \$</b>
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1. Membership # \_\_\_\_\_ Club Name: \_\_\_\_\_
2. Safety course through the AQCC/CASI or Canadian Safety Council? 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 :
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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 \_\_\_\_\_