



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

NOVA SCOTIA ENDORSEMENT REQUEST FORM

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

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

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

Brokerage Office:	
Broker Name:	Brokers Email:

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

Unit #	Plate #:				
Third Party Liability <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000		Mandatory Coverage <input type="checkbox"/> Uninsured Motorist <input type="checkbox"/> DCPD	Accident Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	Physical Damage <input type="checkbox"/> All Perils <input type="checkbox"/> Comprehensive 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 SEF 44 – Family Protection <input type="checkbox"/> Yes <input type="checkbox"/> No SEF 43R – Replacement cost <input type="checkbox"/> Yes <input type="checkbox"/> No Purchase price \$ _____ Delivery date _____

\$500 deductible applies to Section C unless otherwise specified Optional \$250 deductible on All Perils coverage **only**

The deductible specified above applies to each occurrence causing loss or damage covered under any subsection of Section C , unless otherwise specified.

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: \$ _____

Membership of ATVNS Membership # _____ NSORRA Membership # _____ SANS Membership # _____
 Safety course though AQCC/CASI or Canadian Safety Counsel? Yes No ATV Sled TB Avalanche Course
 Do any of the units have a turbo? Factory Installed Unit # _____ OR Aftermarket Unit # _____
 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 # _____
 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 _____
 (Insured Signature)

Date Signed _____