



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



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

NOVA SCOTIA ENDORSEMENT REQUEST FORM

Send the completed form to nstoy@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		Accident Benefits	Physical Damage	Endorsements	
		<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	<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 Enhancement <input type="checkbox"/> Yes <input type="checkbox"/> No SEF 44 Family Protection <input type="checkbox"/> Yes <input type="checkbox"/> No SEF 43 Limited Waiver of Dep <input type="checkbox"/> Yes <input type="checkbox"/> No Purchase price \$ _____ Delivery date _____	
Deductible		<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000		

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

Modifications:	Value: \$
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Unit # Lien Holder (if applicable) Name:
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Address:	City:	Postal Code:
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Optional Truck Deck or Trailer Coverage (Subject to the same physical damage perils purchased on the insured unit):	Value: \$
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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)	Claims (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 (Optional)

Date Signed _____