

## Beacon RideSmart Motorcycle Application by Cansure

**Full Name:** \_\_\_\_\_ **Date of Birth:** D/M/Y \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**# of Years as Bike Owner:** \_\_\_\_\_ **Years with Vehicle License:** \_\_\_\_\_ **Years with Motorcycle License:** \_\_\_\_\_

**Motorcycle Training:**  Yes  No **If "Yes", name of course:** \_\_\_\_\_

**Any Traffic Violations (last 5 years)?**  Yes  No **If Yes, detail when and why below:** \_\_\_\_\_

**Has Driver's License been Suspended or Cancelled in the past 5 years?**  Yes  No **If "Yes", please list when and reason below:** \_\_\_\_\_

**Is Bike driven to work?**  Yes  No **If "Yes", how many times per month?** \_\_\_\_\_ **Distance each way:** \_\_\_\_\_ **Km**

**Operators other than Insured?**  Yes  No **If "Yes", Operators Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Years Licensed:** \_\_\_\_\_ **M/C Training:**  Yes  No **Traffic Violations:** \_\_\_\_\_

**Any motor vehicle and motorcycle accidents or claims in the past five years?**  Yes  No **If "Yes", please list below:** \_\_\_\_\_

Date	Cause	Amount	At Fault Y/N

**Previous Insurer:** \_\_\_\_\_ **Has Insurance ever been cancelled?**  Yes  No **If "Yes", please list reason(s) below:** \_\_\_\_\_

**Club Member?** \_\_\_\_\_ **Financed by (full name & address):** \_\_\_\_\_

**Details of Motorcycle & Accessories:** **Class of Bike:**  Cruiser  Touring  Sport  Dual Purpose

	Year	Make	Model	CC	Serial / VIN #
M/C					
M/C					
M/C					
Trailer					

**Where is your Bike stored during:** **Riding Season?** \_\_\_\_\_ **Off Season?** \_\_\_\_\_

**What security measures are in place to prevent theft:** **Riding Season?** \_\_\_\_\_ **Off Season?** \_\_\_\_\_

Unit	Purchase Date	Purchase Price	Value of Accessories	Current Market Value	Deductible
Motorcycle					<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000
Motorcycle					<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000
Motorcycle					<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000
Trailer ACV (\$1,000 incl.)					<input type="checkbox"/> \$250
Riding Gear ACV (\$1,000 incl.)					<input type="checkbox"/> \$250

Your claim is invalid if at any time you fail to provide complete and accurate information, violate a term or condition of your policy or commit fraud. This is a summary only; for full information, see section 75 of the Insurance (Vehicle) Act. You also agree that reports containing personal, credit, factual record, premium payment or claims history may be sought or exchanged in connection with this application for insurance or renewal thereof.

**Completion of this application does not bind the applicant to accept the quotation nor does it bind the insurer to accept the risk.**

**Date:** \_\_\_\_\_  
**Broker:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **X**  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Signature of Applicant**

**\*\* THIS POLICY COVERS PHYSICAL DAMAGE ONLY. NO LIABILITY \*\***