

ATVBC MEMBERS LIABILITY INSURANCE PROGRAM

UNDERWRITING REQUIREMENTS

The following rules apply to all applications submitted in connection with the ATVBC Members Liability Insurance Program in British Columbia offered by Oasis Outdoor Adventure & Sport Insurance Solutions Inc. and the Quad Riders ATV Association of British Columbia

1. **Policy Terms:** 12 months from effective date of policy
2. **Classes of Business:** All 4 wheels or more off road vehicles are eligible, provided they are not licensed for use on any public roadway or highway where prohibited by law, or used in race or speed events or practice.
3. **Territory:** Only residents of the province of British Columbia with a valid driver's license are eligible for coverage under the program.
4. **a) Restricted Coverage Form Available – Driver's Policy Only:** Third Party Liability with \$1,000,000 or \$2,000,000.00 limits. No other Third Party Liability limit option is available. The trail pass policy is a **driver's** Policy allowing the policyholder and any listed additional drivers **only** to have third party liability coverage and accident benefits when driving any eligible vehicle. If coverage is required for the applicant's family or residents of the applicant's household then the all additional drivers **MUST** be listed on the application. All Additional drivers must reside at the same address as the principle driver. All additional drivers are covered for the same limits of Third Party Liability as the principle driver. If the optional accident benefits is purchased additional drivers can choose to purchase this as well, however they can only purchase the same option of accident benefits as the principle driver. If they require competitive event coverage it is not available through the trail pass, it is only available through OASIS Outdoor Adventure & Sport insurance Solutions Inc.

b) Optional Basic Personal Accident \$25,000

c) Optional Enhanced Personal Accident \$50,000

5. **Minimum Premium – Premium is fully earned at inception.**

		Accident Benefits	
		Basic	Enhanced
Third Party Liability			
1 million	\$85	\$110	\$145
2 million	\$100	\$125	\$165

* **15% discount** on TPL if ICBC Road Crossing Liability is in force on **ALL** units

* **10% Discount** for Drivers age 50 plus

* **10% Surcharge** on all Drivers under the age of 25.

6. **Referrals for Special Acceptance:** This coverage is only available to members who qualify. This coverage does **NOT** extend to cover family members of the applicant, residents of the applicant's household or any individual other than the applicant unless listed below as an additional driver. The following are ineligible to participate in this program:
 - Any applicant with a Criminal Code offence within the past 3 (three) years;
 - Any applicant with more than 6 (six) demerit points on their driving record;
 - Any applicant with more than 2 (two) moving Motor Vehicle Act offences on their driving record within the past 3 (three) years.
 - Any applicant without a valid driver's license
7. **Claim Procedures:** All Claims should be reported directly to claims@oasisins.ca including a fully completed incident form to assist in the prompt handling of claims.

ATVBC Member Insurance Application Form

(not valid without all information completed, form signed and on file with OASIS Outdoor Adventure & Sport Insurance Solutions Inc.)

This form is to make application to provide \$1,000,000 third party legal liability coverage for Bodily Injury or Property Damage arising out of the ownership, use or operation of a **self propelled unlicensed vehicle designed to be driven off-road and travel on 4 wheels or more**. Additional coverage such as basic Personal Accident or Enhanced Personal Accident may also be purchased. The insurance program is authorized by certain Lloyd's Underwriters (the "Insurer") and available only through the approved Coverholder OASIS Outdoor Adventure & Sport Insurance Solutions Inc.

Policy expiry date is 12 months from effective date

Applicant's Name: _____ DOB: _____
Address: _____ City: _____
Province: BC Postal Code: _____ Telephone: _____
Email: _____

Drivers License Number: _____

ATVBC Membership Number: _____

Mandatory Third Party Liability Options:	\$1,000,000.00	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$2,000,000.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
Optional Personal Accident:	Basic \$25,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	Enhanced \$50,000	<input type="checkbox"/> Yes <input type="checkbox"/> No
I state the information provided on this application is truthfully accurate to the best of my knowledge				<input type="checkbox"/> Yes <input type="checkbox"/> No
I state that I and/or any additional drivers:				
Have no Motor Vehicle related Criminal Code offences on my driving record within the past 3 years; and				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have no more than 6 (six) demerit points on my driving record; and				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have no more than two (2) moving Motor Vehicle Act offences on my driving record within the past 3 years				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all units to be ridden have the ICBC road crossing insurance actively in force?				<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to provide (and/or grant permission for the Insurer to obtain) Motor Vehicle Driving Records to verify compliance with the above statements				<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that only the Applicant and additional driver(s) listed on the policy is covered for third party legal liability arising out of the ownership, use or operation of an off road vehicle				<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that operators other than the Applicant and listed additional drivers are excluded from coverage. This means that this coverage does not extend to cover family members, residents of the Applicant's household or any individual other than the Applicant.				<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that there is no coverage:				
• if I operate an off road vehicle under the influence of drugs or alcohol (zero tolerance); or				<input type="checkbox"/> Yes <input type="checkbox"/> No
• if I operate an off road vehicle for any racing, speed test, extreme activity such as a Hill Climb; or				<input type="checkbox"/> Yes <input type="checkbox"/> No
• if I participate in competition or practice, jumping, stunt riding, waterborne use; or				<input type="checkbox"/> Yes <input type="checkbox"/> No
• if I use an off road vehicle for any business purpose; or to carry more than myself and three passengers; or				<input type="checkbox"/> Yes <input type="checkbox"/> No
• for any purpose for which an off road vehicle was not intended; or				<input type="checkbox"/> Yes <input type="checkbox"/> No
• if I and any passenger are not wearing appropriate helmets; or				<input type="checkbox"/> Yes <input type="checkbox"/> No
• if I do not hold a valid Motor Vehicle Driver's License; or				<input type="checkbox"/> Yes <input type="checkbox"/> No
• if I operate an off road vehicle on any public roadway other than permitted by an unlicensed off road vehicle under the laws, acts or statutes of the province of British Columbia				<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand, accept and agree that misrepresentations on this form are material to the Insurer's acceptance of my application and will render insurance Null and Void				<input type="checkbox"/> Yes <input type="checkbox"/> No
I state I have read and understand this form				<input type="checkbox"/> Yes <input type="checkbox"/> No

Note * If there are additional drivers please fill out additional driver form below.**

Name as shown on Card	_____
Credit Card Number:	_____
Expiry Date:	MM/YYYY

Applicant's Signature _____ Date Signed _____

Additional Drivers

All Additional drivers MUST live at the same residence as the Principle Driver listed on the policy and meet all eligibility criteria.

Additional Driver #1

Driver's Name: _____ DOB: _____

Drivers License Number: _____ ATVBC Membership Number: _____

Additional Driver #2

Driver's Name: _____ DOB: _____

Drivers License Number: _____ ATVBC Membership Number: _____

Additional Driver #3

Driver's Name: _____ DOB: _____

Drivers License Number: _____ ATVBC Membership Number: _____

Additional Driver #4

Driver's Name: _____ DOB: _____

Drivers License Number: _____ ATVBC Membership Number: _____

Additional Driver #5

Driver's Name: _____ DOB: _____

Drivers License Number: _____ ATVBC Membership Number: _____