



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

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North Battleford, SK S9A 3A4  
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Email: [bctoys@oasisins.ca](mailto:bctoys@oasisins.ca)

## Broker Change Request Form

**Named Insured(s):** \_\_\_\_\_

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

**Policy Number:** \_\_\_\_\_

### Current Brokerage Information

**Name:** \_\_\_\_\_

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

### New Brokerage Information:

**Name:** \_\_\_\_\_

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

**Effective Date (DD/MM/YYYY):** \_\_\_\_\_

### Authorization and Signature

I/We authorize the transfer of the above policy from our current brokerage to the new brokerage as specified above.

\_\_\_\_\_  
1<sup>st</sup> Named Insured (Print Name)      Signature      Date (DD/MM/YYYY)

\_\_\_\_\_  
2<sup>nd</sup> Named Insured (Print Name)      Signature      Date (DD/MM/YYYY)

Send the completed form to [bctoys@oasisins.ca](mailto:bctoys@oasisins.ca)