

Bike Insurance Application

Personal Details		
Name of applicant(s) : Surname	Forename(s)	Date(s) of birth (MM/DD/YYYY)
Mailing address (including Postcode)		
Address where the Bike is kept (including the Postcode)		
Home phone	Cell phone	Work phone
Email address	Occupation/Employer	Insurance start date (MM/DD/YYYY)
General questions		
Insurance required (please tick one)		
Comprehensive <input type="checkbox"/>		
Third Party Only <input type="checkbox"/>		
Details of the Bike to be insured		
Year of manufacture	Make and model	License number
Engine size	Vehicle Identity Number (VIN)	Engine number
Purchase price	Date of purchase (MM/DD/YYYY)	Value/sum to be insured
State details of theft security for the Bike		
State the name of any lender or anyone else who has a financial interest in the Bike		

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Details of all regular riders of the Bike (including the insured)

Rider Number	Name	Date of birth (MM/DD/YYYY)	Number of years licensed
1			
2			
3			
4			

1. How long have you ridden Bikes? Years Months

2. Have any of the regular riders

(a) had fainting spells, dizziness, loss of concentration, or has suffered from heart disorder, epilepsy, diabetes, defective vision or hearing or any other physical or mental disability which might affect the safe driving of the Bike?

(b) had their license suspended, cancelled or lapsed in the last five years?

(c) had any insurer cancel, decline, refuse to issue or impose special terms on any motor insurance in the last five years?

If you have answered 'Yes' to any of the above, please provide details below.

3. Is the applicant both the registered owner and the actual owner of the Bike?
If you have answered 'No' give the name(s) and address(s) of the registered and the actual owners.

4. Give the details of the applicant's most recent Bike insurance

Insurance Company:	<input type="text"/>
Expiry Date:	<input type="text"/>
No Claims Discount:	<input type="text"/>

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Previous claims and convictions

Give details of all accidents or claims arising out of the ownership or driving of any vehicle in the last five years of all riders

Rider's name	Date and full description of the incident	Amount paid or estimated

Give details of all convictions or pending offences arising out of the ownership or driving of any vehicle in the last five years for all riders

Rider's name	Date and full description of the incident

Declaration

Please read the following carefully as the information given by you forms the basis of the contract with Argus Insurance Company Ltd. (the "Company"). Any misrepresentation or non-disclosure or failure to disclose any material fact may result in the avoidance of the policy. All material facts must be disclosed. A material fact is one that is likely to influence the Company in the assessment and acceptance of any Application. If you are in any doubt as to whether a fact is material, it must be disclosed here. Please give details below.

THE COMPANY RESERVES THE RIGHT TO DECLINE ANY APPLICATION. A SPECIMEN COPY OF THE POLICY WORD IS AVAILABLE UPON REQUEST.

I DECLARE that to the best of my knowledge and belief, the information provided in this Application, which I have read over and checked, is true and complete and the sums insured represent the full replacement value of the vehicle.

I AGREE and ACKNOWLEDGE that this Application forms the basis of the contract between myself and the Company. I have withheld no information material to the application whether it is the subject of a specific question or not. I agree to accept and conform with the terms of the policy.

- I hereby authorize the Company to collect and use my personal data with (1) other members of the Argus Group of companies for the purpose of improving customer service, developing new product and marketing; and (2) with those service providers contracted by the Argus Group of companies for the sole purpose of administering those products, pensions or policies that affect me.
- I hereby authorize the Company to forward relevant documentation to the email address I have supplied.

Signature of Applicant

Signature of Underwriter

Date (MM/DD/YYYY)

INSTRUCTIONS ON WHAT TO DO WITH YOUR EXISTING ARGUS POLICY

I <input style="width: 90%;" type="text"/>	wish to cancel policy number <input style="width: 90%;" type="text"/>
with effect from (MM/DD/YYYY) <input style="width: 90%;" type="text"/>	
Signed: <input style="width: 90%;" type="text"/>	Dated (MM/DD/YYYY): <input style="width: 90%;" type="text"/>

Expiring vehicle details		
Vehicle make	Model	Year
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
License plate number	Reason for the cancellation of the existing policy	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

Remaining premium			
Is there any premium remaining on the expiring policy?	Yes	No	Amount: \$ <input style="width: 90%;" type="text"/>
Do you wish to transfer the remaining premium to your new policy?	<input type="checkbox"/>	<input type="checkbox"/>	Policy number <input style="width: 90%;" type="text"/>
Or receive a refund by cheque?	<input type="checkbox"/>	<input type="checkbox"/>	Collect/Mail <input style="width: 90%;" type="text"/>

Contact details			
Mailing address (including the Postcode)			
<input style="width: 95%;" type="text"/>			
Home phone	Cell phone	Work phone	Email address
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Office use only			
Underwriter <input style="width: 90%;" type="text"/>		Yes	No
Client ID Type <input style="width: 90%;" type="text"/>	Remaining premium	<input type="checkbox"/>	<input type="checkbox"/>
Client ID number <input style="width: 90%;" type="text"/>	TCD letter completed	<input type="checkbox"/>	<input type="checkbox"/>
Mortgagee <input style="width: 90%;" type="text"/>	Amount	<input style="width: 90%;" type="text"/>	