



AVAILABLE TO TRIATHLON NOVA SCOTIA MEMBERS ONLY

PERFORMANCE BIKE INSURANCE PROGRAM

Application

1. Application must be completed in full.
2. Premium is minimum retained. No refunds are available for this policy.
3. Premium is to be paid in full and made payable to the Triathlon Nova Scotia.

Limit of Coverage		*Premium	Deductible
\$ 0 - \$ 5,000	Maximum Annual Coverage	\$ 50.00	\$ 500.00
\$ 5,001 - \$ 10,000	Maximum Annual Coverage	\$ 80.00	\$ 500.00
\$ 10,001 - \$ 15,000	Maximum Annual Coverage	\$ 100.00	\$ 1,000.00

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: NS Postal Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Triathlon Nova Scotia Membership Number : \_\_\_\_\_

*\*You must have and maintain a valid Triathlon Nova Scotia membership throughout the duration of the policy to qualify for this special program.*

Bike Make: \_\_\_\_\_ Bike Model: \_\_\_\_\_ \*Bike Serial No. \_\_\_\_\_

Date Purchased: \_\_\_\_\_ Purchase price or cost new: \_\_\_\_\_

\*If you have a custom bike please provide the following:

Name of Builder or Brand: \_\_\_\_\_

Make/Model/Value of the following: \_\_\_\_\_

Frame: \_\_\_\_\_

Wheels: \_\_\_\_\_

Pedals: \_\_\_\_\_

1. Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
2. If any of the above questions have been answered fraudulently, or in such way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.
3. The Insurer will pay the least of the value of the bike or the limit insured.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

TRIATHLON NOVA SCOTIA  
5516 Spring Garden Rd, 4th Floor  
Halifax, NS B3J 1G6  
Phone: 902-425-5450 extension 205  
Fax: 902-425-5606