



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 - \$ 4,999 Maximum Annual Coverage | \$ 60.00 | \$ 500.00 |
| \$ 5,000 - \$ 9,999 Maximum Annual Coverage | \$ 90.00 | \$ 500.00 |
| \$ 10,000 - \$ 15,000 Maximum Annual Coverage | \$ 110.00 | \$1,000.00 |

(*Includes premium and administration fees)

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