



Snowmobile Permit

Snowmobile Club: **COQSNOW**

MEMBERSHIP INFORMATION

PLEASE PRINT CLEARLY and COMPLETE ALL INFORMATION

*Name: _____
FIRST LAST

Mailing Address: _____

City: _____

Prov: _____ Postal Code: _____

Home Ph: (____) _____ Cell Ph: (____) _____

*Email: _____

MEMBERSHIP TYPE

- Primary Secondary
- Senior Non Rider
- Child

For lost or stolen decals, please contact BCSF at 877-537-8716 or membership@bcsf.org

CONDITIONS OF SALE OF PERMIT:

By accepting this snowmobile permit, the permit holder & the operator of the snowmobile to which it is attached has read, understands and agrees to all of the conditions of sale listed on the reverse side of this receipt. I accept all the inherent risks of snowmobiling and the possibility of personal injury, death, property damage or loss resulting therefrom.

Signature _____

Signed this _____ day of _____ 20_____

PAYMENT INFORMATION

Membership fee \$ _____

Optional Liability \$70.00 \$ _____

Total owing \$ _____

OPTIONAL LIABILITY



The SNOWMOBILE PERMIT Insurance applied for in this form provides up to \$1 million third party legal liability coverage for Bodily Injury or Property Damage arising out of the ownership, use or operation of the snowmobile described in this application. See reverse for more details.

- Yes, I would like to purchase the \$70.00 Off Road Liability (Insurance Premium \$59.00 with an \$11.00 administration fee to the BCSF)
- No, I am not interested in the Off Road Liability

***NOT VALID WITHOUT SLED INFORMATION COMPLETED.
*REQUIRED IF PURCHASING OPTIONAL LIABILITY INSURANCE**

I understand this insurance is only valid for personal use.

Owner's name _____
(If different from member.)

*Snowmobile Year: _____ *Make: _____ *Model: _____

*Serial # _____

*Drivers Licence # _____

Declaration and Statement of Facts

1. I state the information provided below is truthfully accurate to the best of my knowledge.
2. I state that: I am the principal operator of the above described snowmobile; and
 - the operators will have no Motor Vehicle related Criminal Code (or other) offences assessed 6 or more points each on their driving record within the past 3 years; and
 - the operators will have no more than 2 moving Motor Vehicle Act offences (other than above) on their driving record within the past 3 years.
3. I agree to provide (and/or grant permission for the Insurer to obtain) Motor Vehicle Driving Records to verify compliance with the above statements for insurance purposes.
4. I state that the snowmobile will not be used:
 - by any operator under the age of 15 years old.
 - by any operator who is under the influence of drugs or alcohol (zero tolerance).
 - for any racing, speed test, extreme activity such as but not limited to Hill Climb competition or practice, jumping, waterborne use or business purposes.
 - for any purpose for which the snowmobile was not intended, including carrying more passengers than recommended by the manufacturer.
 - while the operator and any passenger is not wearing appropriate helmets.
 - on any public roadway other than permitted by an unlicensed snowmobile under the laws, acts or statutes of the Province of British Columbia.
- 5) I understand, accept and agree that misrepresentations on this form are material to the Insurer's acceptance of my application and will render insurance coverage Null and Void.
- 6) I state I have read and understand the insurance conditions on this form including the reverse side. I agree to purchase the insurance coverage under the conditions outlined.

* Signature of Applicant _____

Premium is fully earned at time of purchase - NO REFUNDS

MAKE SURE YOU ENTER YOUR MAILING ADDRESS
 SECONDARY IS ONLY FOR FAMILY MEMBERS STILL LIVING AT HOME
 MAIL THIS FORM AND YOUR PAYMENT TO:
 46668 RAMONA DRIVE, CHWK B.C., V2P-8B4