



Application forms should  
be emailed to  
[canbike@cyclincanada.ca](mailto:canbike@cyclincanada.ca)  
no later than one (1) week  
prior to the scheduled  
course delivery date.



## Educational & Instructional Program Application

### GENERAL INFORMATION

Please fill out one form for each event: (If commercial event, please see separate application)

- Can-Bike       LR4's Ride       Other Program with CC Approval

Name of Event:

Location of Event: (Full name and address)

Name of Promoter:

Address of Promoter:

Promoter Telephone:

Fax:

Email:

Website:

From: (\*month/day/year)

To: (month/day/year)

Number of Members:

Number of Non-Members:

Description of Non-Cycling Activities, if any:

Estimated Spectator Attendance:

Bleachers/Grandstand?

Yes  No (if "YES", complete Supplemental Application)

Will there be temporary stages, tents, lighting?

Yes  No

Is liquor served at event?

Yes  No If Yes, complete Liquor application.

Are road closures required for event?

Yes  No

Has event been held in the past?

Yes  No

Provide Loss History, if any:

Is event open to International Competitors?

Yes  No

Age Category:

Event Discipline:

### LIST OF ADDITIONAL INSURED REQUIRED FOR EVENT

(To be shown only if the entity is requesting a certificate)

It is understood and agreed that the following entities are added to the policy as Additional Insured, but only with respect to the operation of the Named Insured. The certificate applies to the members and authorized personnel of the Insured while operating within the scope of their duties.

Name and address of Additional Insured:

Interest in Event (applicable box MUST be checked)

municipalities  government  sponsor  landowner

municipalities  government  sponsor  landowner

municipalities  government  sponsor  landowner

municipalities  government  sponsor  landowner

Attach list if more Additional Insured's - Interest in the event must be shown Note: Waivers must be signed for event. Incomplete applications cannot be processed within 24 hours

### Protection of the Applicant's Personal Information:

By completing this application and returning it to Holman Insurance Brokers Ltd., the **Applicant** agrees and consents to the collection, use and disclosure of such information, including any personal information, by Holman Insurance Brokers Ltd. for the following purposes:

- Communicating with the **Applicant**
- Assessing the **Applicant's** application for insurance
- Disclosing information to Insurance Companies
- Negotiating, maintaining or renewing insurance on the **Applicant's** behalf
- Providing claims assistance and service.
- Advising the **Applicant** of other products or services
- Complying with regulators and legal authorities

For more information about our privacy policies and practices or for a copy of our Privacy Policy please visit our web site [www.holmanins.com](http://www.holmanins.com) or contact our Privacy Officer at Holman Insurance Brokers Ltd.

**SIGNATURE** By signing this form you are consenting to the statements above.

Name (please print)

Title:

Signature:

Date: