

HOLMAN



INSURANCE BROKERS LTD.

3100 Steeles Ave. East, Suite #101,
Markham Ontario Canada L3R 8T3

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

Insurance and Risk Management
Services provided for:



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

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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 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: