



Insurance | Risk Management | Consulting

145 Wellington St W, Suite 1200 Toronto, ON M5G 1H8

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.

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

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 A.J. Gallagher, the Applicant agrees and consents to the collection, use and disclosure of such information, including any personal information, by A.J. Gallagher 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

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

Name (please print)

Title:

Signature:

Date: