

**HOLMAN**

INSURANCE BROKERS LTD.

1 Valleywood Drive Suite 100  
Markham Ontario Canada L3R 5L9



Website: www.holmanins.com  
Telephone: 905-886-5630  
Toll Free: 1-800-567-1279  
E-mail: cycling@holmanins.com

Alberta Bicycle Association  
Bicycle Newfoundland & Labrador  
Cycle PEI  
Cycling Association of Yukon  
Manitoba Cycling Association  
Ontario Cycling Association  
Saskatchewan Cycling  
Association  
Velo New Brunswick  
Cycling Canada

**Commercial Event Application 2020**

**GENERAL INFORMATION**

Name of Participating Cycling Association	Contact Name	Contact Email	Contact Tel #
<input type="checkbox"/> Registered Club Activities <input type="checkbox"/> Club Series (ie. Tuesday night rides, practice rides) <input type="checkbox"/> Other Club Activity			
Name of Commercial Event:			
Location of Commercial Event: (Full address location of event)			
Name of Promoter:		Address of Promoter:	
Promoter Telephone:	Fax:	Email:	
Website:			
From: (*month/day/year)		To: (month/day/year)	
Number of Members:      per event		Number of Non-Members:      per event	
Description of Non-Cycling Activities, if any (state none if none):			Estimated Spectator Attendance:
Bleachers/Grandstand?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>(if "YES", complete Bleacher Grandstand Supplemental Application, additional premium will be charged)</b>			
Will there be temporary stages, tents, lighting?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>(if "YES", complete Bleacher Grandstand Supplemental Application, additional premium will be charged)</b>			
Is liquor served at event?			
<input type="checkbox"/> Yes <input type="checkbox"/> No    Is liquor being provided by a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>(If Yes, complete Liquor Liability Supplemental application, additional premium will be charged)</b>			
Are road closures required for event?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>(If Yes, provide map of course &amp; roads involved)</b>			
Has event been held in the past?		Provide Loss History, if any:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is event open to International Competitors?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Age Category:		Event Discipline:	

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**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: address	Email	Interest in Event (applicable box <b>MUST</b> be checked)
		<input type="checkbox"/> municipalities <input type="checkbox"/> government <input type="checkbox"/> sponsor <input type="checkbox"/> landowner
		<input type="checkbox"/> municipalities <input type="checkbox"/> government <input type="checkbox"/> sponsor <input type="checkbox"/> 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](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:

Email Address

Telephone Number