



2019 Commercial Event Application

GENERAL INFORMATION

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|---|---|---------------------------------|
| Registered Club Activities | Club Series (ie. Tuesday night rides, practice rides) | Other Club Activity |
| Name of Commercial Event: | | |
| Location of Commercial 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: |
| <input type="checkbox"/> Bleachers/ <input type="checkbox"/> Grandstand? Yes No (if "YES", complete Bleacher Grandstand Supplemental Application) | | |
| <input type="checkbox"/> Will there be temporary stages, tents, lighting? Yes No (if "YES", complete Bleacher Grandstand Supplemental Application) | | |
| <input type="checkbox"/> Is liquor served at event? Yes No (if Yes, complete Liquor Liability Supplemental application) | | |
| <input type="checkbox"/> Are road closures required for event? Yes No (if Yes, provide map of course & roads involved) | | |
| <input type="checkbox"/> Has event been held in the past? Yes No | | Provide Loss History, if any: |
| <input type="checkbox"/> 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.

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| Name and address of Additional Insured: (Please provide Name, Number, Town / City, Postal Code) | Interest in Event (applicable box MUST be checked) |
| | <input type="checkbox"/> Municipalities <input type="checkbox"/> government <input type="checkbox"/> sponsor <input type="checkbox"/> 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:

- | | |
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| <ul style="list-style-type: none"> • Communicating with the Applicant • Assessing the Applicant's application for insurance • Disclosing information to Insurance Companies | <ul style="list-style-type: none"> • 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 |
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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.

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| Name (please print) | Title: |
| Signature: | Date: |