

## 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 CCA 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 the 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 returned it to Arthur J. Gallagher Canada Limited., the **Applicant** agrees and consents to the collection, use and disclosure of such information including any personal information by, Arthur J. Gallagher Canada Limited., 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: