



## Canadian Cycling Association – Request for Certificate of Insurance

### GENERAL INFORMATION

Please fill out **one form for each event**: If commercial event, please see separate application)

Registered Club Activities  Club Series (ie. Tuesday night rides, practice rides)  Other Club Activities

Name of Event:

Location of Event:

Name of Club & Province:

From: (mon/dd/yyyy)

To: (mon/dd/yyyy)

Number of Members:

Description of Non-Cycling Activities, if any:

Will there be temporary stages, tents, lightning?

Yes  No (if "Yes", complete supplemental application):

Is liquor served at event?

Yes  No (if "Yes", complete Liquor application)

Has event been held in the past?

Yes  No

Are road closures required for event?

Yes  No (if "Yes", provide map of course & roads involved):

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 of Additional Insured	Interest in Event (applicable box MUST be checked)
	<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: Insurance Company Waivers must be signed for event.

Membership Application must be signed and dated

Membership list must be kept up to date

### PRIVACY WORDING AND SIGNATURE

**PRIVACY:** Have you read Marsh's Privacy Policy which is available at [www.marsh.ca](http://www.marsh.ca)? Do you consent to the collection, use, disclosure and retention of your Personal Information as set out in the Privacy Policy, and do you understand that you may (subject to certain restrictions and consequences) later withdraw your consent as to any or all of the purposes identified in that Policy?

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

Name (please print)

Title

Signature

Date (mon/dd/yyyy)

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