

# Canadian Cycling Association - Commercial Event Application

## GENERAL INFORMATION

Name of Commercial Event: \_\_\_\_\_

Location of Commercial Event: (Full name and address) \_\_\_\_\_

Name of Promoter, if other than CCA: \_\_\_\_\_ 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? \_\_\_\_\_ Provide Loss History, if any: \_\_\_\_\_  
 Yes No

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)			
_____	<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
_____	<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

Attach list if more additional insured's – interest in the event must be shown. Note: Insurance Company waivers must be signed for event. Incomplete applications cannot be processed within 24 hours.

## PRIVACY WORDING AND SIGNATURE

PRIVACY: Have you read the Arthur J. Gallagher Canada Limited., Privacy Policy? 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 the Policy?

By signing this form you are consenting to the statements above. CCA is a registered trade-mark of The Canadian Cycling Association.

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_