



[Commercial Lines]

## **BICYCLE LIABILITY SUPPLEMENT**



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# BICYCLE LIABILITY SUPPLEMENT

## PART 1 GENERAL INFORMATION

Broker: \_\_\_\_\_ Tel: \_\_\_\_\_

Broker Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Insured (Full Legal Name): \_\_\_\_\_

Years of Operating in this, or similar operation: \_\_\_\_\_ Experience: \_\_\_\_\_ Operating: \_\_\_\_\_

How many trained staff do you employ? Please list below.

List Names	Years Exp.	Qualifications a/o Certifications / First Aid Certification

Do you conduct any Pre-Activity briefing with Participants?  Yes  No

Do you have a safety and procedures manual?  Yes  No

Do you have a process checklist to be followed by all staff?  Yes  No

Have you, or would you, decline someone from participating?  Yes  No If "Yes", please list reason(s) below:

Do Guides carry communication devices with them?  Yes  No If "Yes", what type:

If "No" to above question, explain reason(s) why not:

Is a log or journal kept to record any incidences?  Yes  No

*(Details in a log book may identify who witnessed the incident, who was working, what happened, etc.)*

What is the maximum number of Participants per trip, tour or camp? Over 18 years of age: \_\_\_\_\_ Under 18 years: \_\_\_\_\_

Are minors permitted to participate?  Yes  No

If "Yes" to above, are all minors accompanied by a guardian or parent?  Yes  No

What is the maximum Guide to Guest Ratio? # of Guides: \_\_\_\_\_ to # of Guests: \_\_\_\_\_

Does this activity require any special safety equipment?  Yes  No If "Yes", please describe below:

Are all Participants required to use this safety equipment?  Yes  No

Do you enforce alcoholic beverages restrictions?  Yes  No

Do you require each Participant to complete a Health/Fitness information questionnaire?  Yes  No

Do you pre-screen Participants for ability and prior experience?

Yes  No

Do you have any objection to requesting this type of information, if it is not already done?

Yes  No

Do you have your Guests sign a waiver?  Yes  No Please clearly detail your process and procedures for having guests sign waivers, including who is responsible for this:

**Please be sure to attach copies of waivers and health/fitness questionnaires**

Describe the time frame for which activities are conducted:  Hourly  Daily  Weekly

Please describe area of operations with details of terrain and hazards. Please include additional documentation, if available.

Percentage of Total Receipts for this Operation / Activity: ~~XXXX~~ %

Do you use Sub-Contractors?  Yes  No If "Yes", what percentage of this Operation / Activity? %

Are Certificates of Insurance secured from all Sub-Contractors?  Yes  No

Is the Applicant shown as an Additional Insured on the Certificates?  Yes  No

How many bicycles are used in the operations:

What percentage of your tours are conducted on public roads? %

### NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
  - a) Gives false or erroneous information to the prejudice of the insurer, or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature:

Position:

Please print name:

Date: