COMMERCIAL EVENT APPLICATION

(includes non-member participation)
(includes for-profit promoted events)
(*Please note Supplemental Application may be required)

Please fill out <u>one form for each event</u>:

Name of Commercial Event: _____

Location of Commercial Event: _____

Name of promoter, if other than CCA: _____

Address of Promoter: _____

Promoter Telephone: _____ Fax: _____ E-mail: _____

Website: _____

Date(s) of Event: From: _____ To: _____

# of Members: _____

# of Non-Members: _____

Description of Non-Cycling Activities: _____

Estimated Spectator Attendance: _____

Bleachers/grandstand (if "Yes", complete Supplemental Application) YES ❑ NO ❑

Will there be temporary stages, tents, lighting (if "Yes", complete supplemental application): YES ❑ NO ❑

Is Liquor served at event (if "Yes", complete Liquor application): YES ❑ NO ❑

Are road closures required for event (if "Yes", provide map of course & roads involved): 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:

It is understood and agreed that the following entities are added to the policy as Additional Insureds, but only with respect to the operation of the Named Insured above. The certificate applies to the members and authorized personnel of the Insured while operating within the scope of their duties.

Name: _____

Full Address: _____

Please indicate the Additional Insured's interest, responsibilities and duties in event. _____

_____

(Attach list if more Additional Insureds are required)

Note: Insurance Company Waivers must be signed for event.
Incomplete applications cannot be processed within 24 hours.

JONES BROWN INC.
Insurance Brokers & Consultants