



**General Liability Insurance Application for
Bike Safety Instructors (Non-Motorized)
(For Safety Training Purposes Only)**

Important Notice

1. This application must be completed in ink, signed and dated. All questions must be answered to enable a quotation to be given, but completion does not bind you or Underwriters to enter into any contract of insurance. If space is insufficient to answer any questions fully, please attach a signed continuation sheet. You should retain a copy of the completed application (and of any other supporting information) for future reference.
2. You are recommended to request a specimen copy of the proposed master policy wording from your insurance broker and to consider carefully the terms, conditions, limitations and exclusions applicable to the coverage.
3. This application is for the Commercial General Liability coverage. Participants must sign approved waivers under this program and therefore you may wish to consider a voluntary "Participants Accident" policy as well.
4. A copy of your current Instructor Certification must accompany this application.
5. Applications including attachments must be faxed toll free to 1 866 488 6122 or email info@oasisinsurance.ca

Coverage is not in force until approved

Incomplete Applications will be subject to Rejection

Fax toll free to 1 866 488 6122 with your Instructor Certification

OASIS Outdoor Adventure & Sport Insurance Solutions Inc.

10020 12th Ave, North Battleford, SK. S9A 3A4

Phone 1.866.979.2747 Fax 1.866.488.6122 info@oasisinsurance.ca

Business Information

Name of Business: _____

Name of Contact Person: _____

Mailing Address of Business: _____
(Street Number) (Street Name)

(City) (Province) (Postal Code)

(Phone Number) (Fax Number)

(Email Address) (Website)

Please provide a full description of the business operations coverage is desired for:

Effective Date Desired: _____

What is the name of your Prior Insurance Carrier: _____ Expiry Date: _____

Certified Safety Training Instructor Information (complete for each instructor)

Name of certified Instructor: _____
(Last Name) (First Name) (Middle Initial)

Date of Birth (Day/Month/Year): _____ / _____ / _____
(Day) (Month) (Year)

Mailing Address of Certified Safety Training Instructor - Same or:

(Street Number) (Street Name)

(City) (Province) (Postal Code)

(Phone Number) (Fax Number)

(Email Address) (Website)

Safety Instructor Group_applicable:

IMBA Instructor Certification <https://www.imba.com/icp> : _____
Professional Mountain Bike Instructor Asso. <http://www.pmbia.org> _____
Sprockids Training www.sprockids.com: _____
Canadian Cycling Association CanBike Instructor: _____

If you are **not** certified by the above organizations please indicate by whom including a complete mailing address, contact person name and contact information, as well as provide the Certification Number:
Other: _____

How long have you been instructing the Safety Training courses? _____

Name of additional certified instructors you employ if applicable:

Are you a member of any Associations or Groups:

General Operations

Do you also do any Safety Training / Instruction in other areas:

The All Terrain Vehicle Course	yes ___ no ___
The Off-Road Motorcycle Course	yes ___ no ___
The Snowmobile Safety Course	yes ___ no ___
Other: _____	yes ___ no ___
Other: _____	yes ___ no ___

Do you have First Aid Training: _____

What is the duration of the Safety Training course?

What is the normal operating season, in which you offer the Safety Training course? _____

Do you provide transportation to and from the Safety Training Site for the participants? yes ___ no ___
If yes, please explain:

Do you supply the participants with any equipment? yes ___ no ___
If yes, please describe items:

Do you rent equipment to the participants? yes ___ no ___
If so, what items?

Are participants required to wear an approved Bicycle Helmet at all times when on the safety training site? yes ___ no ___

Are you responsible for the set-up and/or maintenance of the Safety Training Site? yes ___ no ___
If not, please provide the name, address and telephone number of the person(s) responsible.

What is the minimum age of a participant to take part in the Safety Training course? _____

If operators are under the age of majority, are all minor participants accompanied by a parent or adult guardian? yes ___ no ___

How many Safety Training courses do you deliver in total, per calendar year? _____

What is the maximum number of participants per course? _____

List the Instructor/participant ratio: _____

Do you carry communication devices while instructing the Safety Training course? yes ___ no ___

If so, what devices do you carry? _____

Where do you conduct the Safety Training course? Please provide a name, civic address or description of location, and telephone number of the owner of the property.

Do you own or rent the Safety Training site: yes ___ no ___
If owned please provide further details on the layout / photos

Are there any lakes or rivers on the Safety Training Site property? yes ___ no ___

Are all Safety Training Site specifications within the Canada Safety Council guidelines? yes ___ no ___

Do you require all participants to sign a liability waiver form(s) (Canada Safety Council) before Safety training begins? yes ___ no ___

Does the waiver utilized properly acknowledge minors when applicable? yes ___ no ___

Do you have non certified assistants help you teach the course, if so how many? N/A ___ or _____
If so, do they restrict their duties to a non-professional capacity? yes ___ no ___

Do you authorize third parties vehicles or other potentially obstructive objects to be in the training area during safety training courses? yes ___ no ___

Detail all claims or incidents that could have resulted in claims.

If you require additional space to record, please include a separate sheet of paper. Be certain to include your name, address and certification number on this sheet of paper.

Describe any claims, incidents or near misses in the last five (5) years:

Are there any pending incidents or near misses that could produce an insurance claim? Yes / No
If yes, please provide details:

Have you had any insurance declined or cancelled? Yes / No
If yes, please explain:

Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right to recovery is forfeited.

The Applicants have reviewed the contents of this application and acknowledge that all the information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

(Signature of Applicant - Instructor)

(Date)

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