



OASIS Outdoor Adventure & Sport Insurance Solutions Inc.

Email: info@oasisinsurance.ca fax 1-866-488-6122

Broker: _____

Mountain Bike Park Liability Application

I UNDERSTAND THAT THIS APPLICATION AND ALL INFORMATION SUPPLIED IS RELIED UPON BY THE UNDERWRITER(S) IN DETERMINING WHETHER TO PROVIDE THE INSURANCE COVERAGE HEREIN REQUESTED. ANY MATERIAL MISREPRESENTATION OR FALSE STATEMENT MAY ENTITLE THE UNDERWRITERS(S) TO VOID THE POLICY AND ALL INSURANCE COVERAGE. I HEREBY WARRANT, REPRESENT AND CONFIRM THAT I HAVE READ ALL THE QUESTIONS AND ANSWERS ON THIS APPLICATION AND THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE, TRUE AND ACCURATE.

Name of Insured: _____

Mailing Address of Insured:

Name and location of park: _____

Insured Contact: _____ Phone: _____ Fax: _____ Email: _____

Is property completely fenced: _____ Partially Fenced: _____

Type of Fence: _____ If not fenced, advise if there are any restrictions to the utilization by the general public.

Please provide diagram of track, photos if available

How large is the park size (acres, hectares): _____

Describe the park features:

Are there any other obstacles in the park? If so, please describe:

Who designed the park? _____

When was the park built or last renovated?

Who constructed the park? Was it an outside contractor (or members)? (if so, provide name if known)

Is there a Website for the park ? _____

Is there a YouTube site that shows the park design? _____

Is this a members-only access park? _____ If so, are waivers signed by members?

Are you affiliated with any provincial or national organizations? If so, please provide name: _____

Beyond regular usage do you have any competition events at the facility:

Is this facility used by other parties (if so for what purposes)?

Will alcohol be served at events at this location? ____ This policy has a liquor liability exclusion. If coverage is required we need full details including the name of the liquor license holder:

Are minors permitted in restricted areas (If Liquor licensed): _____

Is ambulance service with qualified attendants provided on site or readily available: _____

Are fire and/or police and/or security provided on site: _____

Are approved helmets required or other safety gear required for participants:

Are approved Waiver and Release Forms required prior to entering restricted areas: _____

Any additional information provided to assist underwriting in assessing this risk: _____

Revenue for last year: _____ Expected revenue for this year: _____

Number of spectators: _____ Any bleachers: _____

Marshalling & Safety procedures: _____

Loss History in the past 5 years: _____

Previous Insurance Carrier: _____ Coverage limit: _____

Number of years in Business: _____

Additional Insured's including full name and address to be shown on the certificate: _____

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 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.

Date: _____ Signature: _____

Position: _____