



BRDAA *Bicycle Ride Directors Association of America*

APPLICANT _____ NAME OF EVENT _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

CONTACT PERSON _____ PHONE _____ EMAIL _____

EVENT WEBSITE _____ REGISTRATION SITE (i.e. Active.com) _____

EVENT DATE(S) _____ # OF DAYS _____ TYPE OF EVENT _____

OF PARTICIPANTS AT LAST YEARS EVENT _____ MAXIMUM POSSIBLE THIS YEAR _____

SITE NAME _____ ADDRESS _____

NAME AND ADDRESS OF YOUR ADDITIONAL INSURED(S) WITH THEIR INTEREST IN THE EVENT

DESCRIBE ANY POST OR PRE-EVENT ACTIVITIES INCLUDING ALL NON-BICYCLE RIDING ACTIVITIES.

Please provide copies of sign up forms and all waivers to be signed, and attach all advertisements or flyers for the activity; note total pages attached. Several exclusions apply, including, but not limited to; Inflatable and amusement devices and rides, stunt activity, sexual abuse, assault and battery, collapse of tents and temporary structures, fireworks, workers compensation, owned vehicles & non-owned auto physical damage, vendors and subcontractors, among others. Please examine the full policy copy at www.hcmeventinsurance.com/policy for complete coverage limitations and exclusions.

LIABILITY LIMIT OPTIONS ; ___ \$1,000,000; ___ \$2,000,000; ___ \$3,000,000; ___ \$5,000,000 per occurrence

ALCOHOL SOLD _____ ALCOHOL SERVED _____ DO YOU WANT FULL LIQUOR LIABILITY COVERAGE _____

ANY TIMED OR COMPETITIVE PORTIONS _____ IF SO, DESCRIBE _____

YOUR PREVIOUS INSURANCE COMPANY _____ PREMIUM PAID _____

LIST ALL PREVIOUS CLAIMS _____

RIDE DISTANCE _____ ARE HELMETS MANDATORY _____ HOW IS IT ENFORCED _____

DO YOU USE A STAGGARED START _____ #OF SAG VEHICLES _____ # OF REST STOPS _____

HOW IS COURSE MARKED _____ COURSE MAPS PROVIDED _____

OF COURSE MONITORS _____ COURSE MONITORS HAVE COMMUNICATION _____

TYPE AND # OF MEDICAL PERSONNEL _____

SIGNED _____ DATE _____

WHEN COMPLETE, EMAIL OR CALL FOR A QUOTE AND MAIL WITH YOUR PREMIUM CHECK PAYABLE TO;



HCM EVENT INSURANCE SERVICES

1407 Foothill Blvd. Suite 228, La Verne, CA 91750
CA LIC #0445457 866.866.7090 • FAX 866.496.5968 • EMAIL ed@hcmeventinsurance.com