2001 McGill College Avenue, Suite 2200, Montreal, Quebec H3A 1G1
T. 514-843-3632 | 1-800-465-2842 F. 514-843-3842

CANADIAN CYCLING ASSOCIATION

LIQUOR LIABILITY SUPPLEMENTAL APPLICATION

For Members – Approved Sanctioned Events Only

This application is submitted by a Member in good standing and applies only in connection with an approved Sanctioned Event. Coverage consideration is limited to the dates, times, and locations of the sanctioned event noted below.

GENERAL INFORMATION

Name of Applicant / Name of Insured (Member Organization):	
Sanctioned Event Name:	
Mailing Address:	
Event Location / Risk Address: (Location(s) where liquor service will occur in connection with the sanctioned event)	
Name and Address of Liquor Permit Holder (if different from Applicant):	

EVENT DETAILS

Event Date(s):	From (MM/DD/YYYY):	Time:	AM / PM
	To (MM/DD/YYYY):	Time:	AM / PM
Estimated Number of Attendees:			

RESPONSIBILITY & CONTROLS

Please identify who is responsible for managing the following during the event (Member representative or licensed third party):

a) Patrons who arrive visibly impaired:

_____

b) Patrons who become visibly impaired during the event:

_____

c) Patrons who engage in fighting or physical altercations:

_____

d) Patrons who become disruptive or abusive:

_____

e) Patrons who are visibly impaired and attempt to leave the event alone:

_____

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THIRD-PARTY LIQUOR SERVICE (if applicable)

If liquor service is provided by a third party, confirm the following:

- ☐ A valid liquor liability insurance policy is in force
- ☐ A certificate of insurance naming the Applicant as an additional insured is available

NAME OF THIRD-PARTY PROVIDER:

PRIVACY & CONSENT

By completing and submitting this application, the Applicant consents to the collection, use, and disclosure of information, including personal information, by BFL CANADA for purposes including, but not limited to:

- Communicating with the Applicant
- Assessing and placing insurance coverage
- Disclosing information to insurers
- Negotiating, maintaining, or renewing insurance
- Providing claims assistance
- Complying with legal and regulatory requirements

Name (Please print):	**Signature:**
Title:	**Date:**