



2015 Personal Cycling Coverage for 24 HOUR LIABILITY & SPORTS ACCIDENT APPLICATION



This is an optional benefit for Cycling Canada Members

Cycling Canada offers members insurance coverage for Liability and Sports Accident when they are participating in "sanctioned activities". However, any "activities" deemed outside the core program, would not be covered. This optional **Liability and Accident policy with No deductible** which fills the gap.

Our exclusive coverage provides 24 /7 coverage as a result of an accident directly arising from you use of a bicycle. Key features are as follows:

A. Third Party Liability Coverage \$1,000,000

This covers for "bodily injury and property damage" that you are legally responsible for as a result of your negligence in the operation of a bicycle anywhere in Canada. This is valuable if you hit a moving vehicle, stationary vehicle, third party property, sign, building or even a pedestrian.

B. Personal Accident (\$25,000 or \$50,000 available)

Fracture up to \$1,000

Weekly Accident Benefit - If your involved in an accident and sustain bodily injury and continuously disabled from performing your material duties pertaining to your occupation, we will pay a weekly accident benefit up to \$500 per week or 75% of your annual income!

Accidental Dental Emergency up to \$2,500

Ambulance Expense up to \$2,500

Medical Expense Reimbursement up to \$2,500

Out-of-Province Medical Charges up to \$2,500

Prosthetic Devices up to \$1,500

Funeral Expenses up to \$2,500

INSURED INFORMATION

Full Name of Applicant :	First Name	Initial	Last Name
Address:	Street Address		
City	Province	Postal Code	
Telephone Number:	Business #	Cell #	
Email Address:	Fax #	Date of Birth: (mm/dd/yyyy)	

CYCLING INFORMATION

- Valid 2015 Canadian Cycling Association Membership # _____
What affiliated Provincial Cycling organization do you currently belong to _____
- What is the Normal Area of Use? _____
- Where is the unit normally stored and what precautions are taken? _____
- Previously Insured, name of Insurer: _____ Policy # _____
- Do you participate in competitive events? Yes No
- Does the operator suffer from any illness, medical condition, or mental or physical disability which might affect the safe operation of the unit? Yes No

BICYCLE INFORMATION

	Year	Make & Model	Serial #	Date Purchased	New / Used	Total Purchase Price including components listed below
1.						
2.						
3.						

Description of components (if applicable)	Purchase Price of components included in above
Unit #	\$
Unit #	\$
Unit #	\$

COVERAGE REQUIREMENTS

Select ▼ Option	Limit	Basic	Competitive	Premium Selected
<input type="checkbox"/>	\$1,000,000 Liability \$25,000 Personal Accident Coverage	\$50	\$130	\$
<input type="checkbox"/>	\$1,000,000 Liability \$50,000 Personal Accident Coverage	\$100	\$200	\$
For residents of Manitoba add 8% Quebec add 9% Ontario add 8%			TAX	\$
All premiums are annual and 100% retained.			TOTAL INCLUDING TAX	\$
Please advise the date insurance required is to be effective:		MM/DD/YYYY		

The insurance application is considered to include all provisions for all forms to be issued in accordance with this contract. Total Estimated Premium is Subject to Adjustment. Where (a) an Applicant for a contract (i) gives false particulars of the described vehicle to be insured to the prejudice of the Insurer, or (ii) knowingly misrepresents or fails to disclose in the application any fact 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 under the contract, a claim by the Insured is invalid and the right of the Insured to recover indemnity is forfeited.

EMAIL AUTHORIZATION

In an effort to bring our policy holders the most cost effective insurance plan, all of our correspondence is completed electronically, including renewal applications, invoicing and the delivery of the policy documents. the email address supplied by you in this application will be used. We must be notified of any change to your email address. The policy holder agrees that it will hold Holman Insurance Brokers Ltd. harmless with respect to any e-mail changes caused by the policy holder's failure to provide current and valid information for the receipt of documents.

The Applicant/policy owner further agrees that the policy documents transmitted electronically by Holman Insurance Brokers Ltd. to the electronic address supplied are in lieu of all other forms of communication. The policy Owner accepts that electronic delivery of policy documents is sufficient to meet all reporting requirements of the policy.

The email address supplied may be used to notify you of other related insurance products of interest to you.

DECLARATION

I/we declare that the above statements are true in every respect. I/we hold qualification certificate(s) for the therapy(ies) stated on this application form. I/we have not withheld or misrepresented any material fact. I/we agree that this application will form the basis of the contract between me/us and Holman Insurance Brokers Ltd.

Applicant's Signature

Date

Please return to:

**HOLMAN INSURANCE BROKERS LTD.
3100 Steeles Ave. East, Suite #101,
Markham Ontario Canada L3R 8T3**

Website: www.cyclinginsurance.ca
E-mail: peter.fetherston@holmanins.com
Telephone: 905-886-5630
Toll Free: 1-800-567-1279 Fax: 905-886-5622

PAYMENT OPTIONS

PAYMENT AND APPLICATION ARE TO BE SUBMITTED AT THE SAME TIME.

Internet Banking

Each bank has designed a unique format for their web site. However, the necessary procedures are generally similar.

1. Under Bill Payment: Choose Add Payee/Bill.
 2. Enter Holman. Choose All Categories and province Ontario and submit.
 3. Under Bill company/Payee - Select Holman Insurance Brokers Ltd. and enter your account number which is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
 4. Select the account you wish to withdraw the funds from. (i.e. credit card, savings, chequing, line of credit). Indicate the amount of payment and submit. A confirmation and reference number will be displayed to acknowledge your payment.
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Telephone Banking

1. Request your bank set up a new Payee/Bill to do a Bill Payment.
 2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
 3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
 4. Your banking institution will then take your payment over the telephone by your choice of payment method.
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Debit Card Payments

1. Contact your bank by telephone or visit bank in person. Request that they set up an option to allow you to make Bill Payments by Debit Card.
 2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
 3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
 4. Once you have set up Holman Insurance Brokers Ltd., you are able to proceed with payments via your branch ATMs with your debit card.
 5. Choose banking option: Bill Payment and follow your bank instructions.
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In Person at the Bank

1. At your own bank, request they set up a new Payee/Bill to do a Bill Payment.
 2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
 3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
 4. You can choose to pay via the different accounts you hold with that particular bank or by other financial institution credit cards.
 5. When paying in person at different financial institutions, bring your invoice/statement and request to make a Bill Payment.
 6. Advise the teller that the Payee is Holman Insurance Brokers Ltd. and follow the prompts from step #2.
- Note:** Do not ask for a wire transfer or funds transfer, the banks charge you extra for this service and charge us extra for which we do not reimburse. These additional fees can range as high as \$50 or more.
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Credit Card

1. Go to <http://www.holmanins.com/customers/PremiumPaymentOptions.html> Please note there is an administration/convenience fee charged for this option.
 2. Click on Payment Options
 3. Click on Master Card/ Visa icon and enter the required information.
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By Mail

Cheque or money order payable to:
Holman Insurance Brokers Ltd., 3100 Steeles Ave. East Suite 101, Markham ON L3R 8T3

Please note: NSF Payments – there will be an additional \$25 service charge