



OASIS Outdoor Adventure & Sport Insurance Solutions Inc.

Email: [info@oasisinsurance.ca](mailto: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: \_\_\_\_\_