



LEAGUE OF AMERICAN BICYCLISTS REQUEST FOR CERTIFICATE OF INSURANCE



(this form is only utilized when it is a requirement of the Third Party)

NAME OF CLUB: _____

DATE OF REQUEST: _____ DATE CERTIFICATE NEEDED BY: _____

NAME OF PERSON COMPLETING FORM: _____

PHONE: () _____ FAX: () _____

EMAIL ADDRESS: _____

SPECIAL EVENT

NAME OF EVENT: _____

DATE(S) OF EVENT: _____

SITE OR LOCATION OF EVENT: _____

CLUB ACTIVITY

TYPE OF ACTIVITY: _____

DATE(S) OF ACTIVITY: _____

CERTIFICATE HOLDER: _____

CERTIFICATE HOLDER ADDRESS: _____

CERTIFICATE HOLDER PHONE: () _____ FAX: () _____

CONTACT PERSON: _____ EMAIL ADDRESS: _____

DOES THE CERTIFICATE HOLDER REQUIRE ADDITIONAL INSURED* STATUS? YES NO

If yes, please specify Additional Insured wording: _____

**Additional Insured should only be checked if it is a requirement of the Certificate Holder.*

If the Certificate Holder requires Additional Insured status, please outline the role the Additional Insured is playing in the activity (i.e. landowner, municipality, corporate sponsor, etc.): _____

Have you entered into any agreement, contract or permit that contains Assumption of Liability, Indemnification or Hold Harmless language? Yes No *(If "yes," please forward a copy of the document with this request.)*

ORIGINAL CERTIFICATE SHOULD BE SENT TO: Certificate Holder Club

PLEASE FORWARD COMPLETED REQUEST TO:

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.

7609 W. JEFFERSON BLVD., SUITE 100

FORT WAYNE, INDIANA 46804-4133

ATTN: RENE WATERSON

FAX: 260.969.4729

EMAIL: RWATERSON@AMERICANSPECIALTY.COM



LEAGUE OF AMERICAN BICYCLISTS SMART CYCLING PROGRAM REQUEST FOR CERTIFICATE OF INSURANCE



(This form is only utilized when a facility/organization requires a Certificate of Insurance)

1. Name of League Cycling Instructor (LCI): _____
Address of LCI: _____
3. League Cycling Instructor (LCI) # _____
4. Date of Request: _____
5. Person completing this form: _____
Email address: _____
6. Phone No.: (_____) _____ Fax: (_____) _____
7. Certificateholder: _____
8. Contact Person: _____
9. Certificateholder Address: _____

Email address: _____
10. Certificateholder Phone No.: (_____) _____ Fax: (_____) _____
11. Name of Event: _____
12. Date(s): _____

(ADDITIONAL INSURED SHOULD ONLY BE REQUESTED IF IT IS A REQUIREMENT OF THE CERTIFICATEHOLDER)

13. Have you entered into any agreement, contract, or permit that contains assumption of liability, indemnification, or hold harmless language? Yes No
If yes, please forward a copy of the document with this certificate request form.
14. Does the Certificateholder require Additional Insured status? Yes No
15. If requesting Additional Insured status, please indicate the role of the Additional Insured:
 Owner of Premises Sponsor Other (please specify): _____

PLEASE FORWARD COMPLETED FORM TO:

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
7609 W. JEFFERSON BLVD., SUITE 100
FORT WAYNE, INDIANA 46804-4133
ATTN: RENE WATERSON
FAX: 260.969.4729
EMAIL: RWATERSON@AMERICANSPECIALTY.COM



**LEAGUE OF AMERICAN BICYCLISTS
PREMIUM SUBMISSION FOR
SCHEDULED SPECIAL EVENT**



*(Premium is due within two weeks after the Scheduled Special Event)
(Coverage Period 2/1/17 - 2/1/18)*

NAME OF CLUB: _____

NAME OF EVENT: _____

DATE OF EVENT: _____

ACTUAL NUMBER OF PARTICIPANTS: _____

For the 1st 1,000 participants (\$4.54 per participant) _____ x \$4.54 = \$ _____

For the 2nd 1,000 participants (\$3.55 per participant) _____ x \$3.55 = \$ _____

Participants in excess of 2,000 (\$2.68 per participant) _____ x \$2.68 = \$ _____

TOTAL PREMIUM DUE: \$ _____

(All events have a minimum premium of \$233.00)

PLEASE MAIL AND MAKE CHECK PAYABLE TO:

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
7609 W. JEFFERSON BLVD., SUITE 100
FORT WAYNE, INDIANA 46804-4133

Signature of Club Representative

Date

Phone Number

If you have any questions, please contact American Specialty at 800.245.2744.



AMERICAN SPECIALTY®
Insuring America's Pastimes and Future Times®



INCIDENT REPORT FORM FOR BODILY INJURY

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.

7609 W. Jefferson Blvd., Suite 150

Fort Wayne, Indiana 46804-4133

Phone: 800.566.7941 | Fax: 260.969.4729



Date of Incident: _____ Time of Incident: _____ AM / PM If injured person is a League member, identify: League Club Name: _____ Club Address: _____	Does the Injured Person Have Other Medical Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide: Name of company: _____ Policy #: _____
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Injured Person: <input type="checkbox"/> Club Member <input type="checkbox"/> Non-Member <input type="checkbox"/> Participant <input type="checkbox"/> Volunteer <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other _____ Was the injured person wearing a helmet at the time of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the injured person riding: <input type="checkbox"/> Tandem Bike <input type="checkbox"/> Single Bike	Did This Take Place During: <input type="checkbox"/> Club Ride <input type="checkbox"/> Special Event <input type="checkbox"/> Time Trial <input type="checkbox"/> Race <input type="checkbox"/> Conditioning Event <input type="checkbox"/> Fundraiser <input type="checkbox"/> Mountain Bike Ride If during a Special Event, list name of event: _____ Name of League Club putting on the Special Event: _____
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INJURED PERSON INFORMATION			
Last Name	First	Mid.	Telephone Number () <input type="checkbox"/> Single <input type="checkbox"/> Married
Address			Social Security Number (optional):
City			Employer Name:
Age	D.O.B.	<input type="checkbox"/> Male <input type="checkbox"/> Female	Employer Address:
GUARDIAN/PARENT (if injured person is a minor)			
Last Name	First	Mid.	Telephone Number ()
Address		City	State Zip

SUSPECTED PRE-EXISTING CONDITION: Yes No

INCIDENT LOCATION <input type="checkbox"/> Off Road <input type="checkbox"/> City Street <input type="checkbox"/> Parking Lot <input type="checkbox"/> Highway <input type="checkbox"/> Registration Area <input type="checkbox"/> Rural Road <input type="checkbox"/> Restrooms/Locker Rooms <input type="checkbox"/> Off Property <input type="checkbox"/> Premises/Grounds <input type="checkbox"/> Rest Stop	INCIDENT <input type="checkbox"/> Assault/Sexual <input type="checkbox"/> Overexertion <input type="checkbox"/> Assault/Non-Sexual <input type="checkbox"/> Eligibility <input type="checkbox"/> Fall (different level) <input type="checkbox"/> Trip/fall <input type="checkbox"/> Fall (same level) <input type="checkbox"/> Slip/fall <input type="checkbox"/> Caught in, on, between <input type="checkbox"/> Slip, bodily reaction <input type="checkbox"/> Animal/Insect Bite/Sting <input type="checkbox"/> Chased by dog <input type="checkbox"/> Collision (with parked car) <input type="checkbox"/> Bit by dog <input type="checkbox"/> Collision (with moving car) <input type="checkbox"/> Collision (participant/participant) <input type="checkbox"/> Collision (with object/animal) <input type="checkbox"/> Collision (participant/pedestrian) <input type="checkbox"/> Struck by falling/flying object	WEATHER CONDITIONS <input type="checkbox"/> Sunny <input type="checkbox"/> Raining <input type="checkbox"/> Foggy <input type="checkbox"/> Snowing <input type="checkbox"/> Cloudy
RIDER ACTIVITY <input type="checkbox"/> Turning right <input type="checkbox"/> Passing <input type="checkbox"/> Turning left <input type="checkbox"/> Intersection <input type="checkbox"/> Being passed <input type="checkbox"/> Straight		ROAD CONDITIONS <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Icy
CLASSIFICATION <input type="checkbox"/> Minor injury or illness <input type="checkbox"/> Non-injury <input type="checkbox"/> Serious injury or illness		ROAD TYPE <input type="checkbox"/> Paved <input type="checkbox"/> Dirt <input type="checkbox"/> Gravel

PRIMARY INJURY <input type="checkbox"/> Allergy <input type="checkbox"/> Dislocation <input type="checkbox"/> Nausea <input type="checkbox"/> Amputation <input type="checkbox"/> Electrical Shock <input type="checkbox"/> Stroke <input type="checkbox"/> Abrasion <input type="checkbox"/> Foreign Body <input type="checkbox"/> Burn <input type="checkbox"/> Laceration <input type="checkbox"/> Fracture <input type="checkbox"/> Death <input type="checkbox"/> Drowning <input type="checkbox"/> Heat Exhaustion <input type="checkbox"/> Pain <input type="checkbox"/> Hypertension <input type="checkbox"/> Sting/bite <input type="checkbox"/> Illness <input type="checkbox"/> Cold Injury <input type="checkbox"/> Contusion <input type="checkbox"/> Cardiac <input type="checkbox"/> Seizures <input type="checkbox"/> Concussion <input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Tooth/Mouth	BODY PARTY INJURED <input type="checkbox"/> Eye (L/R) <input type="checkbox"/> Torso <input type="checkbox"/> Arm (L/R) <input type="checkbox"/> Nose <input type="checkbox"/> Back <input type="checkbox"/> Tooth <input type="checkbox"/> Neck <input type="checkbox"/> Face <input type="checkbox"/> Head <input type="checkbox"/> Ear (L/R) <input type="checkbox"/> Leg (L/R) <input type="checkbox"/> Knee (L/R) <input type="checkbox"/> Ankle (L/R) <input type="checkbox"/> Internal <input type="checkbox"/> Hip (L/R) <input type="checkbox"/> Shoulder (L/R) <input type="checkbox"/> Foot (L/R) <input type="checkbox"/> Elbow (L/R) <input type="checkbox"/> Hand (L/R) <input type="checkbox"/> Wrist (L/R) <input type="checkbox"/> Finger or Toe	DISPOSITION <input type="checkbox"/> Released to parent <input type="checkbox"/> Police <input type="checkbox"/> Refusal of care <input type="checkbox"/> Ambulance <input type="checkbox"/> Refer to doctor <input type="checkbox"/> Report Only <input type="checkbox"/> Medical attention <input type="checkbox"/> EMS transport <input type="checkbox"/> Continued riding <input type="checkbox"/> Patient requested EMS transport <input type="checkbox"/> Released to personal vehicle <input type="checkbox"/> Refer to hospital/clinic
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DESCRIBE HOW THE INCIDENT OCCURRED: _____

WITNESS INFORMATION		
NAME	ADDRESS	TELEPHONE NUMBER
1.		()
2.		()

Signature of Ride Leader or Official (with no relationship to claimant) _____

Date _____ Phone Number _____ Email _____

Please provide the name/email address of the individual that will be responsible for verifying claim information in the event of an incident (if different from above).

NAME _____ EMAIL: _____



INCIDENT REPORT FORM FOR AUTO ACCIDENT AND PROPERTY DAMAGE

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
7609 W. Jefferson Blvd., Suite 150
Fort Wayne, Indiana 46804-4133
Phone: 800-566-7941 | Fax: 260.969.4729

IF THE INJURY OR PROPERTY DAMAGE WAS THE RESULT OF AN AUTO ACCIDENT, PLEASE COMPLETE THIS SECTION:

PERSON DRIVING THE AUTO: _____ Injured Not injured

Address: _____

OWNER OF THE AUTO: _____

Address: _____

MAKE/MODEL/YEAR OF AUTO: _____

LIST NAMES AND ADDRESSES OF ALL PASSENGERS IN THE AUTO:

Name: _____ Injured Not injured

Address: _____

Name: _____ Injured Not injured

Address: _____

NOTE: PLEASE USE THE REVERSE SIDE OF THIS FORM TO PROVIDE INJURY INFORMATION. A LIST OF ALL PASSENGERS AND INJURY INFORMATION FOR ALL INJURED PERSONS SHOULD BE PROVIDED; PLEASE USE ADDITIONAL INCIDENT REPORT FORMS OR SEPARATE SHEETS OF PAPER, IF NECESSARY.

PURPOSE OF TRIP: _____

NAME OF POLICE DEPARTMENT WHICH INVESTIGATED THE ACCIDENT: _____

IF THE ACCIDENT INVOLVED A COLLISION WITH ANOTHER AUTOMOBILE, PLEASE COMPLETE THIS SECTION:

PERSON DRIVING OTHER AUTO: _____ Injured Not-injured

Address: _____

OWNER OF OTHER AUTO: _____

Address: _____

MAKE/MODEL/YEAR OF OTHER AUTO: _____

LIST NAMES AND ADDRESSES OF ALL PASSENGERS IN OTHER AUTO:

Name: _____ Injured Not injured

Address: _____

Name: _____ Injured Not injured

Address: _____

(Attach separate sheet of paper, if necessary.)

IF THE ACCIDENT INVOLVED PROPERTY DAMAGE (OTHER THAN AUTOMOBILES), PLEASE COMPLETE THIS SECTION:

If property was damaged, please supply a description of the property and list the owner. (If an auto accident, see above sections.)

Description of property: _____

Description of damage: _____

Owner's name and address: _____

Owner's telephone number: (_____) _____ (day) (_____) _____ (evening)



AMERICAN SPECIALTY®

INSURING AMERICA'S PASTIMES AND FUTURE TIMES®

INCIDENT REPORTING INSTRUCTIONS

Whenever an Accident Occurs:

An Incident Report form must be completed immediately after an accident occurs and mailed or faxed to American Specialty Insurance & Risk Services, Inc. as indicated below. This holds true whether the person involved is a participant or a spectator, or whether or not you feel the incident will result in a claim.

Although you may not have sufficient information to initially answer all questions, it is important that the form be completed as fully as possible at the time of the accident. Do not delay sending in the report form; an incomplete form is better than none at all. Be certain to include your name and daytime telephone number where indicated on the form.

The form contains sections to capture information regarding injury to persons, damage to property, and accidents involving autos.

If you have any questions or need assistance regarding the completion of the Incident Report form, please call American Specialty at 1-800-566-7941.

Mail or fax the completed Incident Report to:

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.

7609 W. Jefferson Boulevard
Suite 150
Fort Wayne, Indiana 46804-4133
Fax: 260.969.4729

IN ADDITION, IN CASE OF SERIOUS INJURY TO A PARTICIPANT OR A SPECTATOR, it is important that you immediately notify American Specialty by calling 1-800-566-7941 (if after standard business hours, simply follow the automated instructions for emergency claims reporting). This hotline is active 24 hours a day, 365 days a year.

**AMERICAN SPECIALTY
EMERGENCY CLAIMS SERVICE**

**1-800-566-7941
(24 HOURS/7 DAYS A WEEK)**

FOR ALL CLAIMS EMERGENCIES

Please IMMEDIATELY report by PHONE all incidents that result in serious injury or death.

Please complete an Incident Report form for ANY incident resulting in death, serious injury and/or bodily injury, automobile damage, or property damage, and forward the completed form by fax or by mail to:

**AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
7609 W. JEFFERSON BLVD., SUITE 150
FORT WAYNE, INDIANA 46804-4133
FAX: 260.969.4729**

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY, AND PARENTAL CONSENT AGREEMENT
("Agreement") for**

LEAGUE OF AMERICAN WHEELMAN D/B/A LEAGUE OF AMERICAN BICYCLISTS ("LAB")

(this form is to only be used for Individual Adults or for Adults on behalf of Minors)

IN CONSIDERATION of being permitted to participate in any way in _____ (enter name of LAB Club) ("Club") sponsored Bicycling Activities ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I may incur as a result of my participation in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Club, the LAB, its respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS. And, I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I AM 18 YEARS OF AGE OR OLDER, HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, HAVE SIGNED IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PARTICIPANT'S NAME (PRINTED): _____

PARTICIPANT'S SIGNATURE (only if age 18 or over): _____ **I HAVE READ THIS RELEASE**

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: (_____) _____ DATE: _____

MINOR RELEASE

(complete for Participants Under the Age of 18)

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

MINOR'S NAME (PRINTED): _____ BIRTH DATE OF MINOR: _____ - _____ - _____

SIGNATURE OF MINOR PARTICIPANT: _____ **I HAVE READ THIS RELEASE**

PARENT/GUARDIAN NAME (PRINTED): _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): _____ **I HAVE READ THIS RELEASE**

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: (_____) _____ DATE: _____