



**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: ( \_\_\_\_\_ ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**SPECIAL EVENT**

Name of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Site or Location of Event: \_\_\_\_\_

**CLUB ACTIVITY**

Type of Activity: \_\_\_\_\_

Certificate Holder: \_\_\_\_\_

Certificate Holder Address: \_\_\_\_\_

Certificate Holder Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail 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.**  
Post Office Box 309  
Roanoke, Indiana 46783-0309  
Phone: (260) 672-8800      Fax: (260) 672-8835  
Attn: Robin Fagen  
E-Mail: rfagen@amerspec.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: \_\_\_\_\_
6. Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_
7. Certificateholder: \_\_\_\_\_
8. Contact Person: \_\_\_\_\_
9. Certificateholder Address: \_\_\_\_\_  
\_\_\_\_\_
10. Certificateholder Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_
11. Name of Event: \_\_\_\_\_
12. Date(s) Needed: \_\_\_\_\_

(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.  
P.O. BOX 309  
Roanoke, IN 46783-0309  
Phone: 260-672-8800 Fax: 260-672-8835  
Attn: Robin Fagen  
E-Mail: rfagen@amerspec.com**



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



*(Premium is due within two weeks after the Scheduled Special Event)  
(Coverage Period 2/1/09 - 2/1/10)*

NAME OF CLUB: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

ACTUAL NUMBER OF PARTICIPANTS: \_\_\_\_\_

For the 1st 1,000 participants (\$1.49 per participant) \_\_\_\_\_ x \$1.49 = \$ \_\_\_\_\_

For the 2nd 1,000 participants (\$1.18 per participant) \_\_\_\_\_ x \$1.18 = \$ \_\_\_\_\_

Participants in excess of 2,000 (\$.87 per participant) \_\_\_\_\_ x \$0.87 = \$ \_\_\_\_\_

TOTAL PREMIUM DUE: \$ \_\_\_\_\_

*(All events have a minimum premium of \$83.00)*

PLEASE MAIL AND MAKE CHECK PAYABLE TO:

**AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.  
POST OFFICE BOX 309  
ROANOKE, INDIANA 46783-0309**

\_\_\_\_\_  
Signature of Club Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

If you have any questions, please contact American Specialty at 800-245-2744.



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**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: \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT  
 ("Agreement") for  
 LEAGUE OF AMERICAN WHEELMAN d/b/a LEAGUE OF AMERICAN BICYCLISTS ("LAB")  
 (this form is for multiple Club Adult Participants only)**

IN CONSIDERATION of being permitted to participate in any way in \_\_\_\_\_ (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 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.

<b>PARTICIPANT'S SIGNATURE</b>	<b>PRINTED NAME</b>	<b>DATE</b>
<u>I HAVE READ THIS RELEASE</u>	_____	_____
<u>I HAVE READ THIS RELEASE</u>	_____	_____
<u>I HAVE READ THIS RELEASE</u>	_____	_____
<u>I HAVE READ THIS RELEASE</u>	_____	_____
<u>I HAVE READ THIS RELEASE</u>	_____	_____
<u>I HAVE READ THIS RELEASE</u>	_____	_____
<u>I HAVE READ THIS RELEASE</u>	_____	_____
<u>I HAVE READ THIS RELEASE</u>	_____	_____
<u>I HAVE READ THIS RELEASE</u>	_____	_____
<u>I HAVE READ THIS RELEASE</u>	_____	_____

\_\_\_\_\_  
**SIGNATURE & TITLE OF WITNESS** **Address**



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## 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 1-800-245-2744.


Mail or fax the completed Incident Report to:

**AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.**

Attn: Claims Department  
Post Office Box 459  
Roanoke, Indiana 46783-0459

Fax: (260) 673-1291

**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.



# INCIDENT REPORT FORM FOR BODILY INJURY

**AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.**  
 ATTN: CLAIMS DEPARTMENT  
 POST OFFICE BOX 459  
 ROANOKE, IN 46783  
 AMERICAN SPECIALTY™ PHONE: 800-566-7941 FAX: 260-673-1291

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

**SUSPECTED PRE-EXISTING CONDITION:** Yes No

<b>INCIDENT LOCATION</b> Off Road City Street Parking Lot Highway Registration Area Rural Road Restrooms/Locker Rooms Off Property Premises/Grounds Rest Stop	<b>INCIDENT</b> Assault/Sexual Overexertion Assault/Non-Sexual Eligibility Fall (different level) Trip/fall Fall (same level) Slip/fall Caught in, on, between Slip, bodily reaction Animal/Insect Bite/Sting Chased by dog Collision (with parked car) Bit by dog Collision (with moving car) Collision (with object/animal) Collision (participant/participant) Collision (participant/pedestrian) Struck by falling/flying object Auto/property (also complete reverse side)	<b>WEATHER CONDITIONS</b> Sunny Raining Foggy Snowing Cloudy
<b>RIDER ACTIVITY</b> Turning right Passing Turning left Intersection Being passed Straight		<b>ROAD CONDITIONS</b> Wet Dry Icy
<b>CLASSIFICATION</b> Minor injury or illness Non-injury Serious injury or illness		<b>ROAD TYPE</b> Paved Dirt Gravel
<b>PRIMARY INJURY</b> Allergy Dislocation Nausea Amputation Electrical Shock Stroke Abrasion Foreign Body Burn Laceration Fracture Death Drowning Heat Exhaustion Pain Hypertension Sting/bite Illness Cold Injury Contusion Cardiac Seizures Concussion Strain/Sprain Tooth/Mouth	<b>BODY PARTY INJURED</b> Eye (L/R) Torso Arm (L/R) Nose Back Tooth Neck Face Head Ear (L/R) Leg (L/R) Knee (L/R) Ankle (L/R) Internal Hip (L/R) Shoulder (L/R) Foot (L/R) Elbow (L/R) Hand (L/R) Wrist (L/R) Finger or Toe	<b>DISPOSITION</b> Released to parent Police Refusal of care Ambulance Refer to doctor Report Only Medical attention EMS transport Continued riding Patient requested EMS transport Released to personal vehicle Refer to hospital/clinic

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 \_\_\_\_\_

**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 that results in death, serious injury and/or bodily injury, automobile, or property damage, and forward via mail or fax the completed form to:

**American Specialty Insurance & Risk Services, Inc.  
Post Office Box 459  
Roanoke, IN 46783-0459  
Fax: (260) 673-1291**