

Note: If you indicate your AO does not organize any rides or time trials where no participation fee applies your AO will not have any coverage for these activities. If your plans change, you can add coverage by scheduling and paying for a special event.

Please note that any ride for which a fee is charged must be added as a Special Event PRIOR TO the ride in order for General Liability and Participant Accident coverage to apply. Premium is based on the number of participants in the Special Event and is due within two weeks after the ride takes place. Special Events can be added only after you have purchased coverage for your AO and can be added online.

If yes, how many "club" rides or time trials do you organize during the policy period? 26 or fewer ▼

On average, how many riders participate in "club rides" and time trials.

50 or fewer ▼

Other

Continue Previous













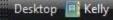


























League of American Bicyclists

Organization Management - Information Only

Does your Bicycle Club or Advocacy Organization have any of the following (mark all that apply):

- 1 or more full-time volunteers
- 1 or more part-time employees
- 1 or more full-time employees

Please note the League insurance program does not provide employment-type coverages such as Worker's Compensation or Employee Benefits Liability coverage. The League does, however, offer Employment Practices Liability coverage under its optional D&O program available for separate purchase online. Please visit www.amerspec.com/lab for more information.

Year-round office space -Please pick one:

Leased/Rented Owned Home Office

Please note the League insurance program does not provide property coverage. You will need to work with a local agent to cover your buildings or office space, contents, computers, etc.

Previous

Continue

Quote

Quote Number*: 4105097

*Your quote number can be used to visit the website at a later date to complete the transaction. You can click the retrieve quote link on www.amerspec.com/lab.

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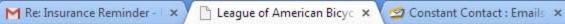












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League of American Bicyclists

Bicycle Education Course

Important! For the purposes of answering this question, bicycle education course means "a program of instruction focused on bicycle safety and related topics in which the attendees sign up, enroll, or register by name." If you do not organize any events that meet this specific definition, you should answer "DOES NOT" even if your organization conducts other types of bicycle safety-related activities. Also, if you are a Bicycle Club that holds bicycle education courses meeting this definition but they are offered EXCLUSIVELY to your bicycle club's members, you can also answer "DOES NOT" and your bicycle club will have coverage for such members-only bicycle education courses.

Note, if you indicate you DO NOT organize courses that meet the above definition and decide to do so at a later date, you will need to contact American Specialty as coverage will not apply to such courses.

Our Club/Advocacy Organization:

- DOES organize bicycle education courses
- DOES NOT organize bicycle education courses

Do any of the courses include an on-bike component?

Yes
No

Do you exclusively use LCI's to teach your courses?

No. No.

* Note: If you indicate you DO NOT organize bicycle education courses you will not have insurance for such activities even if you later decide to conduct them.

Previous

Continue

Quote

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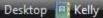








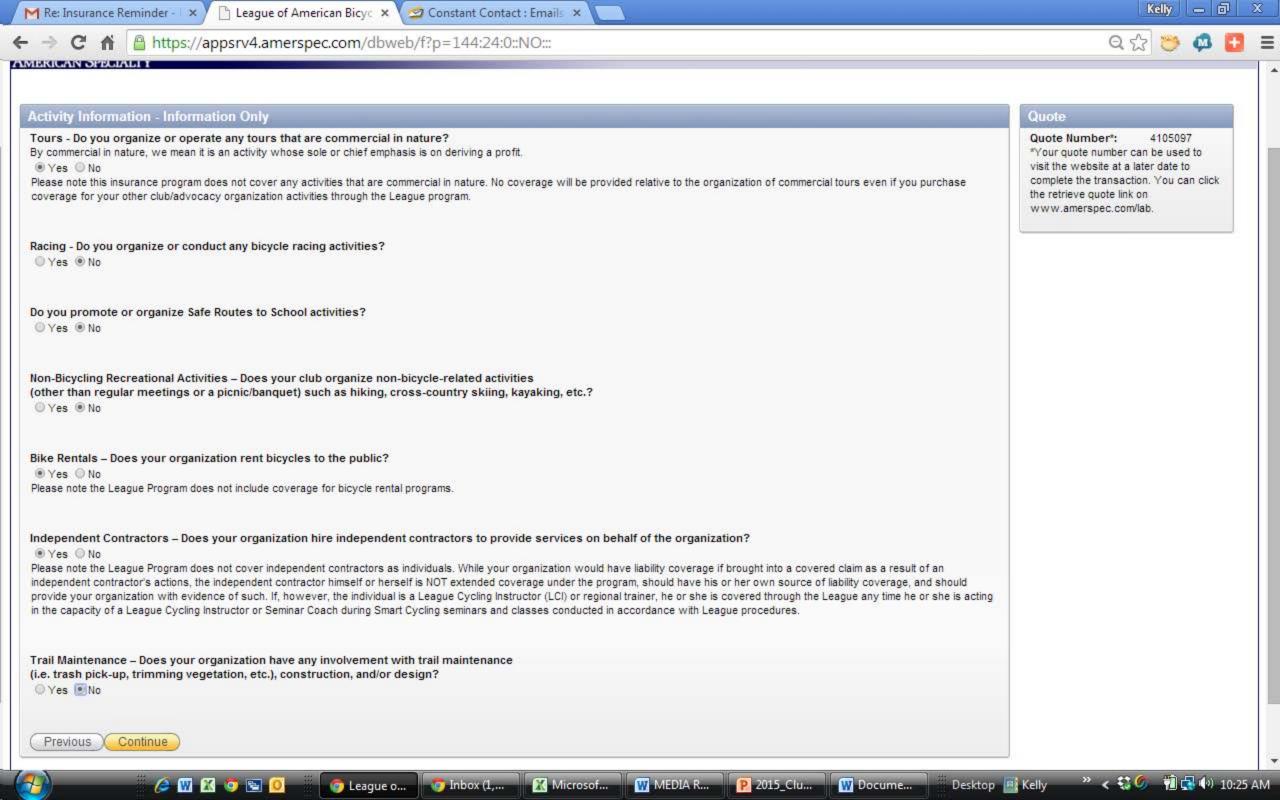


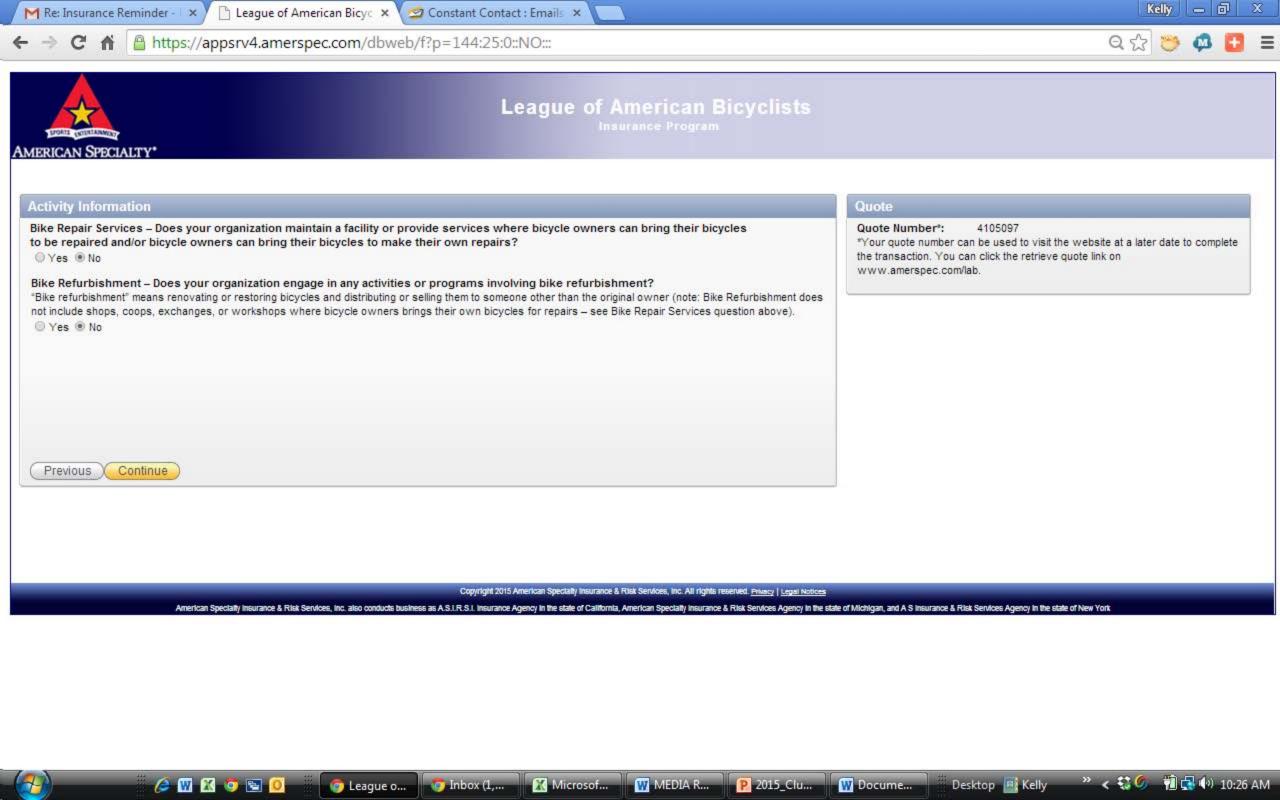




























League of American Bicyclists Insurance Program

Payment

Receipt

Payment Confirmation - Your payment was successful. Please print for your records. Your credit card statement will show a debit from American Specialty.

Please press the Continue button to retrieve additional information and your proof of insurance.

Name KELLY KENNEDY Address 1: PO BOX 270149

City/ST/Zip: WEST HARTFORD / CT / 06127

Type of Card:

Card Number: XXXXXXXXXXXXXX1543

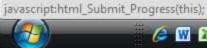
Payment Amount: \$ 358.00 Payment Date: 01/31/2015

Confirmation Number: 5032173-000153616

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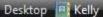






























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Name Kelly Kennedy PO Box 270149 Address 1:

West Hartford / CT / 06127 City/ST/Zip:

Type of Card: VISA

Card Number: XXXXXXXXXXXXXXXX1543

Payment Amount: \$ 575.00 Payment Date: 01/31/2015

Confirmation Number: RSSSK11070371-000153

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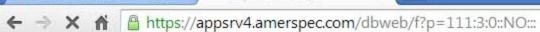
























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Please press the Continue button to retrieve additional information and your proof of insurance.

Name Kelly Kennedy PO Box 270149 Address 1:

West Hartford / CT / 06127 City/ST/Zip:

Type of Card: VISA

Card Number: XXXXXXXXXXXXXXXX1543

Payment Amount: \$ 575.00 Payment Date: 01/31/2015

Confirmation Number: RSSSK11070371-000153

Please note that American Specialty does not store your credit card information.

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