

**USA CYCLING, INC.**  
**2016 OPTIONAL MECHANICS LIABILITY INSURANCE SUMMARY**

ELIGIBILITY:	All currently licensed USA Cycling mechanics in good standing.
INSURANCE CARRIER:	Lexington Insurance Company, an AIG Company
PROGRAM ADMINISTRATOR:	Fairly Group
LIMIT OF LIABILITY:	\$1,000,000 per occurrence, subject to policy per location aggregate limit.
COVERAGE HIGHLIGHTS:	General liability coverage including bodily injury, property damage, and participant legal liability coverage.
COVERED ACTIVITIES:	The policy provides coverage during cycling related activities of mechanics when working with a USA Cycling club, USA Cycling licensed team, or a team registered with another international federation or the UCI. <b>Mechanics are to have all their clients without a current 2016 annual USA Cycling license sign a valid waiver and keep an original copy of the signed waiver for each client in their files. (See attached <b>Sample</b> waiver).</b>
POLICY TERM:	December 31, 2015 through December 30, 2016
ANNUAL FEE:	\$225 domestic / \$275 international coverage Fee cannot be pro-rated.
EXCLUSIONS:	Excludes liability associated with selling goods and performing services in a bike shop. Others per policy.

This is a brief outline of policy coverages. This is not a policy interpretation.

**USA CYCLING, INC.**  
**2016 MECHANICS INSURANCE APPLICATION**



FAIRLY GROUP  
*Reshaping Paradigms*

**Please return this completed application along with your check made payable to Fairly Group. Coverage will become effective after payment is received in full and the insurance carrier approves the application (NOT THE DAY IT IS MAILED) and will run through December 30, 2016. Credit cards cannot be accepted and fee cannot be pro-rated. Fee is fully earned and non-refundable upon acceptance of coverage by insurance carrier.**

Name \_\_\_\_\_ EmailAddress \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Fax Number \_\_\_\_\_

Please indicate mechanic level: Level 1, 2, 3 or 4 Mechanic \_\_\_\_\_

Fee - \$225

If you would like to add the worldwide endorsement for international coverage, there is an additional \$50 fee for a total fee of \$275. Carrier has the right to accept or deny coverage.

Fee - \$275

Countries: \_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you work as a mechanic within a School / College / University program? Y\_\_\_\_ N\_\_\_\_

If yes, list the name and address of school \_\_\_\_\_

Please list the entities (mechanic's company name, dba, clubs and/or facilities) which require evidence of your insurance along with their address, city, state, and zip code. Please indicate if they are to be named as an Additional Insured (provided protection for your activities). **There is an administrative fee of \$10 for each certificate of insurance requested, including reissued certificates.**

(1) \_\_\_\_\_  
entity

(2) \_\_\_\_\_  
entity

\_\_\_\_\_  
street address

\_\_\_\_\_  
street address

\_\_\_\_\_ city state zip

\_\_\_\_\_ city state zip

Additional Insured (Y)\_\_\_\_\_ (N)\_\_\_\_\_

Additional Insured (Y)\_\_\_\_\_ (N)\_\_\_\_\_

\$10 Fee Enclosed

\$10 Fee Enclosed

(3) \_\_\_\_\_  
entity

\_\_\_\_\_

street address

\_\_\_\_\_

city state zip

\$10 Fee Enclosed

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. I certify under penalties for perjury, that the foregoing statements are true and correct. I have not willfully concealed or misrepresented any material fact or circumstance. I understand that any false or misleading information may subject me to criminal and civil penalties.

\_\_\_\_\_

Applicant's Name (Print)

\_\_\_\_\_

Applicant's Signature

(4) \_\_\_\_\_  
entity

\_\_\_\_\_

street address

\_\_\_\_\_

city state zip

\$10 Fee Enclosed

\_\_\_\_\_

Date

\_\_\_\_\_

USAC Membership/License number

Please send completed application to:

**Fairly Group**  
**P.O. Box 1149**  
**Amarillo, TX 79105-1149**  
**800-530-4809 ext. 3659**

If by overnight delivery service:

**Fairly Group**  
**1800 Washington, Ste. 400**  
**Amarillo, TX 79102**  
**800-530-4809 ext. 3659**

NOTE: Following is a **SAMPLE** Waiver/Release form. It is for guidance and informational purposes only. Final wording should be as directed by the insured's counsel, but observing the principles represented within the document. **DO NOT RETURN IT WITH YOUR APPLICATION.** Please have your clients sign a valid waiver and retain the signed waivers in your files.

**WAIVER AND RELEASE OF LIABILITY -- READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in the  (name of organization)  program, its related events and activities, I,  (name of participant) , the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE \_\_\_\_\_, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

x \_\_\_\_\_ Age: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
PARTICIPANT'S SIGNATURE

**FOR PARENT/LEGAL GUARDIAN OF PARTICIPANTS OF MINORITY AGE**

This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

x \_\_\_\_\_ Date Signed: \_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE (print name)