



Trade Team Application

PLEASE FILL OUT ONE FORM FOR EACH TRADE TEAM

Full legal name of Trade Team:

Mailing Address:

Confirm affiliated CCA Trade Team:

Yes No

Number of Team Members:

Number of International Members

Schedule of Events (or attached list)	Location of Events	Event From	Event To:

Event Discipline:

Name of Team Athletes/Members	Members province of Residence

PRIVACY WORDING AND SIGNATURE

Protection of the Applicant's Personal Information:

By completing this application and returning it to Holman Insurance Brokers Ltd., the **Applicant** agrees and consents to the collection, use and disclosure of such information, including any personal information, by Holman Insurance Brokers Ltd. for the following purposes:

- Communicating with the **Applicant**
- Assessing the **Applicant's** application for insurance
- Disclosing information to Insurance Companies
- Negotiating, maintaining or renewing insurance on the **Applicant's** behalf
- Providing claims assistance and service.
- Advising the **Applicant** of other products or services
- Complying with regulators and legal authorities

For more information about our privacy policies and practices or for a copy of our Privacy Policy please visit our web site www.holmanins.com or contact our Privacy Officer at Holman Insurance Brokers Ltd.

SIGNATURE By signing this form you are consenting to the statements above.

Name (please print)

Title:

Signature:

Date: