**International Insurance Declaration**

***Rider details:***

**Full Name:**

Click here to enter text.

**UCI ID:**

Click here to enter text.

**NZ Licence Number:**

Click here to enter text.

**Name of Insurer:**

Click here to enter text.

**Period of Insurance:**

Click here to enter text.

**DECLARATION:**

This must be completed by either **your Insurer *or* Yourself** (as the Rider) – please fill in the relevant section only.

***Insurer to complete:***

[ ]  **I confirm that the insurance policy documents provided to this rider and Cycling New Zealand meet the UCI cycling insurance requirements for licence holders (1.1.022):**

16. Insurance for bodily injury (in and out-patient hospital expenses and medical care, transport costs, permanent disablement, death) and material damages (loss of earnings) in case of accident on the occasion of a cycling competition or event or during training;

17. Third-party liability insurance for material damage or bodily injury caused to others in the course of a competition or cycling event or during training.

**Signed:**

Click here to enter text.

**Name:** Click here to enter text.

**Insurance Company:** Click here to enter text.

**Position:** Click here to enter text.

**Date:** Click here to enter text.

***OR***

***Rider to complete:***

[ ]  **I confirm that the insurance policy documents I have purchased and provided to Cycling New Zealand meet the UCI cycling insurance requirements for licence holders (1.1.022):**

16. Insurance for bodily injury (in and out-patient hospital expenses and medical care, transport costs, permanent disablement, death) and material damages (loss of earnings) in case of accident on the occasion of a cycling competition or event or during training;

17. Third-party liability insurance for material damage or bodily injury caused to others in the course of a competition or cycling event or during training.

**Signed:**

Click here to enter text.

**Date:** Click here to enter text.