



Bicycle Trade Association of Canada Insurance Program

Use a separate form for additional locations and/or if insufficient space.

Basic Information	
Full Name of Insured	_____
Full Name of Principals	_____
Address including Postal Code	_____
Contact Name	_____ Phone Number _____
Are you a member of the Association?	_____ Membership # _____
Previous Insurer	_____ Expiring Date _____
Policy Effective Date	_____
Previous Insurer declined or cancelled?	_____
Number of years in business?	_____

Claims History last 5 years			
Claim Description	Reserve	Paid	Total Incurred

Please provide details of corrective measures taken to help prevent further occurrences.

Construction Details	
Wall Construction	_____ Updates _____
Roof Construction	_____
Floor Construction	_____
Area of Building	_____ Area occupied by Insured _____
No. of Stories	_____ Age of Building _____
Heating	_____ Updates _____
Electrical	_____ Updates _____
Sprinklered	Yes _____ No _____

Physical Protection

	None	Local	Monitoring	ULC Certified (attach certificate)
Fire Alarm				
Burglar Alarm				

Perimeter _____ Area _____ Line Security _____ Type _____
 Details of Physical Protection:

Please include details of any other security measures in force.

Safe Yes _____ No _____ Describe _____
 Number of Employees handling money _____
 Maximum amount of cash on premises _____
 Classification of safe: _____

Operation Details

Annual Receipts _____
 Any US or Foreign Sales? If so, please provide annual receipts _____
 Do you allow test rides? If so, please provide details of protocols. IE rider must wear a helmet, designated area for test rides. _____
 Do you provide any training on the use of bicycles? _____
 Do you perform any custom bike building? If so, please provide details. _____
 Is there any welding or painting completed on premises? _____
 Do you rent any bicycles or equipment? _____
 Please indicate percentage of total revenue attributed to rentals? _____
 Do you have a race team? _____
 Do you sponsor or organize any races or other competitions? _____
 Do you organize or sponsor any rides / tours? If yes please provide details. _____
 Are there age limitations for these rides / tours? _____
 Do you ensure that all participants use the necessary safety equipment? ie helmets? _____
 Are waivers signed by all participants? _____
 Are all participants warned on the level of difficulty of the ride? _____
 Is your business involved in any other operations besides retail bike sales? _____

Coverages and Limits

Coverage	Limit
Building	
Contents	
Customers Bikes	
Employee Dishonesty	

Coverage	Limit
Inside Premises Robbery	
Outside Premises Robbery	
Commercial General Liability	
Tenants Legal Liability	
Non-Owned Automobile	

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, renewals, changes of coverage, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Signature _____ Date: _____
 Position _____