



## 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 \_\_\_\_\_