



## 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.**

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| 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 \_\_\_\_\_