



Bike Shop Underwriting Application

Full Name of Insured:

Full Name of Principals:

Email Address:

Phone number(s) including Cell:

Alternative Contact:

Risk Address (including Postal Code):

Web Site Address:

Year Business Established:

Years of Experience in Mgmt or similar business:

Previous Insurer: Policy No: Expiry Date: Annual Premium?

Previous insurance Cancelled or Declined?

If yes, please explain why?

Primary Location Details (attach photograph where possible)

Building Type (i.e. industrial/retail mall, Stand alone, etc.):

Wall Construction (i.e. hollow concrete block, poured concrete, frame with brick veneer etc.):

Roof Construction (i.e. frame on wood joist, frame on steel joist etc.):

Floor Construction (i.e. poured concrete, wood etc.):

Total area of Building: (Excluding any Basement) Area Occupied by Insured:

Used by Insured for: Other Tenants & uses at this Location:

No. of Stories (Excluding Basement): Basement: Yes or No?

Type of Heating: (i.e. roof top HVAC, Central Furnace etc.):

Type of plumbing (i.e. copper, plastic PVC etc.):

Year Built: If building is over 25 years old, have updates been done:

If yes, what year: Heating System: Wiring: Roof: Plumbing:

Distance to Hydrant: Distance to Firehall:

Sprinklered? Y/N If yes how much:

Fire Alarm: If monitored, name of Monitoring Company:

Burglar Alarm: ULC Certified:
If monitored, name of Monitoring Company: Extent of Protection:

Details of any other Physical Protection (i.e.: type of locks on doors, bars on windows etc.): Front and back doors have deadbolts

Safe on Premises: If yes, describe:

Number of employees handling money:

Maximum amount of cash on premises:

Operational Details

Receipts: Estimated for Current Fiscal Year:

Actual for Previous Fiscal Year:

Canadian Sales: \$ Foreign Sales: \$ (%) Annual U.S. Sales: \$ (%)

Allocate Revenue by Operation (sales / Service / Repairs): Estimated Payroll:

Do you allow Demo / Test Rides? If so, are they allocated to designated area marked off, free of debris?

Do you provide any safety, instructional training on the Bicycle? If so, provide details

Do you perform Custom Bike Building, if so Provide details?

Is there any welding or painting on the premise?

Do you organize any Group rides / tours? If so provide details:

Are waivers signed by all participants? (Including waivers for children)

Do you have any other operations in your shop besides Cycling, if so please provide details?

Do you sell E-Bikes or Power Assisted bicycles? If so, provide details?

Claims History

Any Claims in the last 5 years?

If yes, provide full details including date, type of loss, amount paid and outstanding:

Mortgagee/Loss Payee Name and address (including Postal Code):

- 1.
- 2.

Additional Underwriting Information

Building Coverage required? Yes or No?

Amount of Contents, Stock, and Equipment on premise?

Tenants Improvements & betterments value?

Liability Limit requested: \$1,000,000 per occurrence \$2,000,000 per occurrence \$5,000,000 per occurrence

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.

Applicant Name:

Date

Please return the Completed application to

Peter Fetherston Associate Broker

Holman Insurance Brokers Ltd.

Tel. 905-886-5630 Ext 1428

Fax 905-886-5622

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