



Bike Shop Underwriting Application

Full Name of Insured:

Full Name of Principals:

Email Address: Phone Numbers(s) Including Cell:

Alternative Contact: Phone Number(s): Email:

Risk Address (including Postal Code)

Website 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, explain why :

Primary Location Details (Attach image Where Possible)

Building Type (i.e. industrial, retail, 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:

Area Occupied by Insured:

Used by Insured f or:

Other Tenants & Uses at this Location:

No. of Stories (Excluding Basement)

Basement:

Yes 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 25+ y ears old, have updates been done? Yes No



_____ If yes, what year were updates done?

Heating System: _____ Wiring: _____ Roof: _____ Plumbing: _____

Distance to Hydrant: _____

Distance to Firehall: _____

Sprinklered? _____

Yes No

If yes, how much?

Fire Alarm: _____ If Monitored, Name of Monitoring Company: _____

Burglar Alarm: _____ If Monitored, Name of Monitoring Company: _____

ULC Certified: _____

Extent of Protection: _____

Details of any other Physical Protection (i.e. type of locks on doors, bars on windows etc.): _____

Do 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 Pay roll: _____

Do you allow Demo/ Test Rides? If so, are they allocated to designated areas 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 premises?

Do you organize any Group Rides/ Tours? If so, provide details:

Are Waivers Signed by all Participants? (including children):

Do you have any other operations in y our 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:	Outstanding:
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Mortgage Loss Payee Name and Address (Including Postal Code):

1.

2.

Additional Underwriting Information

Building Coverage Required:

Yes 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
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I may have provided personal information in this document and by other means and I may in 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.



Gallagher

Insurance | Risk Management | Consulting

Applicant Name (please print):

Signature:

Date:

Please Return the Completed Application to:

Melissa LaRocca
Client Manager, Sports & Recreation
Direct: 905.538.2179
Main: 905.575.1122
Melissa_larocca@ajg.com

Gallagher
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