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 K&K Insurance Brokers, Inc. Canada

CONTRACTORS EQUIPMENT SUPPLEMENTAL QUESTIONNAIRE

Named Insured: _____

Basis of Settlement: Replacement Cost Actual Cash Value

Item #	Year	Description	Serial #	Rented/Owned/Leased	# of Months	Value (\$)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
TOTAL:						

Is Loss of Use required? Yes No

Limit per day: \$ _____

Number of Days: _____

I understand that K&K Insurance Brokers, Inc., or the insuring company, shall be permitted but not obligated to inspect a proposed insured's or an insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that this Questionnaire Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Questionnaire Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Name (Print)

Signature

Date