



[Inland Marine Package Application]

## **HEAVY EQUIPMENT CONTRACTORS APPLICATION**

Excavation, Road Building, Site Construction, Pipelines, Drilling, etc.



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# HEAVY EQUIPMENT CONTRACTORS APPLICATION

## PART 1 GENERAL INFORMATION

Broker:	Contact Person:	Tel:
Name of Insured (Full Legal Name):		
Operating Name:		
Mailing Address:	Postal Code:	
Risk Location Address:	Postal Code:	
Name of Principal(s):		
Website:		
Number of years in business:	Years' of related experience:	
Desired Effective Date: (MM/DD/YYYY)	Desired Expiry Date: (MM/DD/YYYY)	
Previous Insurer:		
Has any Insurer cancelled, declined, or refused you coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:		

## PART 2 OPERATIONS

Narrative Description of Operations:

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**OPERATIONS BY REVENUE:**

Operation	Total Revenue (\$)	Sub-Contracted Amount (\$) <small>(included in Total Revenue)</small>
Unpaved Road Construction		
Paved Road Construction		
Bridge Construction		
Road Maintenance		
Residential Excavation a/o Site Construction		
Non-residential Excavation a/o Site Construction		
Landscaping		
Snow Removal		
Demolition		
Drilling – Water		
Drilling – Mineral Exploration		
Drilling – Oil & Gas		
Frac Services a/o other Well site Services		
Pipeline Construction		
Other:		
Other:		
Equipment Hauling for Others		
<b>Totals for Next Year:</b>		

Logging, Mill Yard, or Site Clearing (mulching, brush-cutting)	Complete "Logging Contractors Application"
Crane & Rigging (mobile or tower cranes)	Complete "Crane Contractors Application"
Oilfield Hauling	Complete "Trucking & Transportation Application"

**AREA OF OPERATIONS**

Area	% of Operations (by Revenue)
Describe:	
Describe:	
Describe:	

Do you perform any work in the USA?  Yes  No

**GENERAL**

Do you employ any Professionals (Engineers)?  Yes  No

If Yes to the above, provide a complete description, including the amount of "fee for service" revenue or whether these professionals strictly work within your operations:

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Do you perform any welding operations?  Yes  No

If Yes to the above, please describe, including whether on premises, off premises, and what control measures and fire watch is provided:

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i) Do you perform welding on equipment owned by others?  Yes  No

Have there been any changes to your operations in the past 5 years, or are major changes anticipated in the next year?

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Do you own, hire, or lease any watercraft or aircraft?  Yes  No

Do you have any other subsidiary companies not listed on this application?  Yes  No

i) Do you want this policy to cover these operations?  Yes  No

ii) Please list company names and details of operations: \_\_\_\_\_

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Do you perform any burning operations?  Yes  No

If Yes to above, do you comply with all applicable government guidelines and regulations?  Yes  No

i) Do you ever burn outside the period of October to April?  Yes  No If Yes, describe below:

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Do you perform any work on gas lines?  Yes  No If Yes, describe below:

**ROAD BUILDING & GRAVEL PIT OPERATIONS**

- Are you responsible for locating or surveying the roads?  Yes  No
- Do you build bridges or dykes?  Yes  No
- Do you do any paving or concrete construction?  Yes  No
- Do you operate any Gravel Pits?  Yes  No If Yes, describe (depth, location, site security, etc.) below:

- Do you do any blasting?  Yes  No
- i) Do you employ a licensed demolitions expert?  Yes  No
- ii) If the blasting work is sub-contracted, do you check for proof of insurance?  Yes  No

**HAULING OPERATIONS - CARGO**

- Do you haul equipment or other property of others?  Yes  No
- i) Describe the commodity hauled: \_\_\_\_\_
- ii) What is the Average load value? \$ \_\_\_\_\_ and maximum load value \$ \_\_\_\_\_
- iii) Do you issue a standard Waybill?  Yes  No
- If Yes to above, is the valuation on a "Released Value" basis (\$2/lb) or "Declared Value (ACV)" basis?
- Released: \_\_\_\_\_ % Declared Value \_\_\_\_\_ % (Please attach copy of Waybill)
- iv) Do you ever haul gratuitously (without compensation)?  Yes  No
- v) If hauling gratuitously, what is the approximate number of trips per month? \_\_\_\_\_ Trips

**PART 3 EQUIPMENT**

**SCHEDULE OF EQUIPMENT**

If more than 10 items, please attach a complete schedule of Equipment

Item	Unit #	Description and Serial Number	Valuation (ACV/RC)	Insured Value (\$CAD)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
<b>TOTAL INSURED VALUE:</b>				

**LOSS PAYEE:**

With respect to Items Numbered:	Name and Address of Loss Payee, and notes, if any

Is the equipment shown in the schedule of equipment the only equipment owned by you?  Yes  No If No, please explain below:

What is the maximum depth you excavate to? \_\_\_\_\_ ft

Do you double shift any equipment?  Yes  No If Yes, what percentage? \_\_\_\_\_ %

Do you transport equipment by Barge or Ferry?  Yes  No  Possibly If Yes, describe and include the maximum value of any one shipment:

Do you operate any equipment on a Barge or other floating conveyance?  Yes  No If Yes, explain below:

Do you operate in areas of ice/muskeg?  Yes  No  Possibly

Have you, or will you, enter into a Fire Suppression Rental Agreement with the Ministry of Forest, or similar agreement with any other Provincial Authority?  
 Yes  No

Where is the equipment stored when not in use? \_\_\_\_\_

- i) State the maximum value in any one building: \$ \_\_\_\_\_
- ii) State the maximum value stored in any one yard: \$ \_\_\_\_\_
- iii) Describe the yard security (fence, lighted, gated, etc.): \_\_\_\_\_

Is the equipment used solely by you and your employees?  Yes  No If No, please explain below:

i) If equipment is rented, leased, or loaded to third parties, is risk of loss / damage transferred by written agreement?  Yes  No

If Yes to above, **please provide a copy of the agreement.** If No, explain the arrangement including description of operations of the lessee:

Do the equipment operators conduct a basic maintenance check at the beginning and end of each shift?  Yes  No

- i) Is a daily Log Book kept of the operator's maintenance checks?  Yes  No
- ii) What procedure does the operator follow if they notice a deficiency during a maintenance check?

Are maintenance and overhauls done on a scheduled basis, and in accordance with manufacturer's specifications?  Yes  No If No, explain:

Do you have mechanics on staff with mobile support capabilities?  Yes  No

What is the general condition of the equipment?

Excellent  Good  Fair  Poor

Is the equipment exposed to any unusual hazards?

Yes  No If Yes, please explain below:

Does all your equipment and operating practices comply with government regulations?

Yes  No

**FIRE PREVENTION**

Are all mobile machines equipped with spark arrestors?

Yes  No

Do you have water tanks or water trucks at operating sites?

Yes  No If Yes, please explain below:

Is each unit fitted with certified fire extinguishers?

Yes  No

How often are machines pressure washed?

\_\_\_\_\_

How often are machines steam cleaned?

\_\_\_\_\_

Do you have a written smoking policy and is it strictly enforced?

\_\_\_\_\_

**VEHICLES**

Please complete a "COMMERCIAL VEHICLE SUPPLEMENT" if:

- You operate unlicensed vehicles and CGL is to be extended to these vehicles (include schedule);
- You are requesting physical damage coverage on licensed or unlicensed vehicles;
- You are requesting Umbrella Liability coverage in excess of auto liability coverage.
- How many unlicensed vehicles do you operate on private roads, or jobsites?

Heavy Trucks: \_\_\_\_\_ Trailers: \_\_\_\_\_ Trucks: \_\_\_\_\_

ATV's: \_\_\_\_\_ Snowmobiles: \_\_\_\_\_

**WATERCRAFT:**

Please complete a "COMMERCIAL WATERCRAFT SUPPLEMENT" if you own and operate commercial watercraft under 10 meters in length and CGL is to be extended to these vessels (include schedule with application)

**PART 4 LIABILITY**

Do you obtain proof of insurance from all sub-contractors for at least \$1,000,000 CGL coverage (requiring sub-contractors to carry insurance can lower your cost of insurance)?  Yes  No  N/A

Do you obtain proof of W.C.B. insurance from sub-contractors?  Yes  No  N/A

Do you obtain proof of insurance from sub-contractors for any other form of insurance (such as Fire Fighting Liability Expense coverage, or Limited Pollution coverage)?  Yes  No  N/A If Yes, please explain below:

Average number of Employees: Full Time \_\_\_\_\_ Part Time: \_\_\_\_\_ Do you have an employee benefits program:  Yes  No

Are all your employees covered by W.C.B?  Yes  No If No, please explain below:

Do you have any hold-harmless agreements in place with any third parties?  Yes  No If Yes, please explain below:

Do you have any fuel storage tanks or fuelling facilities on premises, on vehicles, or at jobsites?  Yes  No

- i) Have you considered your Pollution Liability exposure?  Yes  No
- ii) Would you like a quote for Pollution Liability coverage?  Yes  No

If Yes to the above, complete "Limited Pollution Supplement" or "Contractors Environmental Impairment Liability Application"

Do you rent or lease space from others for business purposes?  Yes  No

- i) What is the square footage of leased space? \_\_\_\_\_ feet
- ii) Are there other occupants in this building?  Yes  No If Yes, describe below:

What is the construction of the building (wood frame, pre-fab steel, masonry, tilt-up concrete)? \_\_\_\_\_

Hydrants within 300 meters?  Yes  No Fire Hall within 8 kilometers?  Yes  No Sprinklered?  Yes  No

## COVERAGE AND LIMITS

### PROPERTY COVERAGE

If property is to be covered, please attach a completed "Commercial Property Supplement".

	Total Insured Value (\$)
Buildings	
Contents and Equipment and Tenants Improvements	
Stock	
Tools on site	
Tools off site	
BI Gross Rents coverage, indicate locations	
BI Gross Profits coverage, indicate locations	
BI Extra Expense	
Computer (Hardware/Media/Software)	
Mechanical Breakdown coverage, indicate locations	
Other:	
Deductible(s)	

**EQUIPMENT COVERAGE**

	Total Insured Value (\$)
Contractors Equipment	
Vehicle Physical Damage (Trucks and Trailers)	
Small Parts and/or Tools	
Employee owned Tools (if any)	
Other:	

**EQUIPMENT LIMITS**

	Limit of Liability (\$)
Any one Loss or Disaster	
Broad Waterborne	
Rental Reimbursement coverage	
Blanket S/T Leased, Rented, or Borrowed Equipment	
Employee Tools coverage	
Deductible(s)	

**RIGGERS (ON HOOK) COVERAGE**

	Limit of Liability (\$)
Any one Loss or Disaster (Limit of Loss)	
Deductible(s)	

**CARGO COVERAGE**

	Limit of Liability (\$)
Any one Loss or Disaster (Limit of Loss)	
Deductible(s)	

**LIABILITY COVERAGE**

	Limit of Liability (\$)
BI / PD Any one Loss or Disaster (Limit of Liability)	
Products & Completed Operations (aggregate limit)	
Medical Payments coverage	
Tenants Legal Liability coverage	
Non-owned Automobile coverage	
Advertising Liability coverage	
Employee Benefits Liability coverage	
Forest Fire Fighting Expense Liability coverage	
Limited Pollution Liability coverage	
Other:	
Deductible(s)	



**LOSS HISTORY**

Check here  if there were **NO LOSSES IN THE PAST 5 YEARS** under any coverage line applied for herein, otherwise **DETAIL ALL LOSSES** below:

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	DEDUCTIBLE PAID BY INSURED

**\*Please attach any available insurance company loss reports with this application\***

**NOTICE TO APPLICANT:**

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
  - a) Gives false or erroneous information to the prejudice of the insurer, or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

**BROKER DECLARATION**

How long have you known this applicant? \_\_\_\_\_

Is this account new or renewal to you? \_\_\_\_\_

Have you personally viewed the applicants operations? \_\_\_\_\_

What is the condition of facilities and equipment? \_\_\_\_\_

What is the applicant's attitude toward risk management and insurance? Do you recommend this applicant? \_\_\_\_\_

Broker's Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

