

CONTRACTORS' EQUIPMENT APPLICATION

BROKER INFORMATION:

Name: _____ Contact: _____
 Address: _____ City: _____ Postal Code: _____

GENERAL INFORMATION

Applicant's Name: _____
 Mailing Address: _____ City: _____ Province: _____ Postal Code: _____
 Five Year Claims History: Yes None If yes, list or attach separate document: _____
 Branch Office locations: _____
 Company Structure: Individual Corporation Partnership General Contractor Sub Contractor Other
 Has any insurer ever cancelled, declined, or refused to renew or issue insurance of the type applied for? Yes No
 If yes, explain: _____
 Do you carry other insurance with our company? YES NO Policy Number: _____
 Has the applicant ever operated under a different name? YES NO If yes, provide name(s): _____
 Have there been any claims against these entities? YES NO If yes, provide details: _____
 Does your Applicant enter into formal contractual agreements with subcontractors? Yes No
 If yes, does the Applicant require being added as an additional Insured to the sub's GL? Yes No
 Do you require proof of insurance from sub-contractors? Yes No
 Details of insurance requirements (i.e. limits, coverage's): _____
 Do you always use a written contract with clients? Yes No
 If "NO", please fully describe the terms under which work is accepted: _____
 Does the Applicant have a written Quality Control/ Quality Assurance Program in place? Yes No
 If NO, explain: _____
 Is the applicant aware of any circumstances, fact, or situation that might result in a claim being made against the applicant or any other person or entity for whom coverage is being sought? Yes No
 If YES, describe: _____
 Does the applicant perform any operations and/ or plans to operate in the US or abroad? Yes No
 If YES, explain: _____
 Do you perform any work relating to Oil and Gas Industry: Yes No
 Do you perform any work relating to Mining Industry: Yes No
 If YES, explain: _____

Contractors' Equipment Floater

Actual cash value of equipment* over 3 years old: _____
 Replacement cost of equipment* less than 3 years old: _____
 Tools:

Newly Acquired Contractors Equipment/Tools Total Limit Required \$	Policy includes \$50,000
Rental Reimbursement: Total Limit Required \$	Policy includes \$10,000 maximum per day \$2,500
Gross Earnings: Total Limit Required \$	
Debris Removal: Total Limit Required \$	Policy includes \$50,000
Property of Others Blanket Limit Total Limit Required \$	Sublimit provided \$25,000

 Is any of your equipment protected by tracking devices e.g. global positioning system? Yes No
 Do you service/overhaul your equipment on a regular basis subject to manufacturer's guidelines? Yes No
 Do you lease or rent any tools or equipment to / from others? Yes No
 If yes, provide details: _____
 Catastrophic Limit Required: \$ _____
 Equipment Storage location: _____
 Maximum value of equipment and tools inside building: \$ _____
 Do you have a repair and service facility to conduct own equipment repairs? Yes No

*Any piece of equipment or tool (including accessories and/or spare parts) with a value of \$1,500 or less should be included under tools

