PREMIER) canada

CONTRACTORS' EQUIPMENT APPLICATI	ON		Page 1	
BROKER INFORMATION:				
Name:	Contact:			
Address:	City:	Posta	I Code:	
Applicant's Name:	Cite ii	Desta		
Mailing Address:	City:	Province: Posta	Code:	
	ist or attach separate document:			
Branch Office locations:				
	n			
Has any insurer ever cancelled, declined, or refused to	renew or issue insurance of the type applie	a for?	☐ Yes ☐ No	
If yes, explain:				
Do you carry other insurance with our company?				
Has the applicant ever operated under a different name				
Have there been any claims against these entities?				
Does your Applicant enter into formal contractual agree				
If yes, does the Applicant require being added as an add				
Do you require proof of insurance from sub-contractors?			🗌 Yes 🗌 No	
Details of insurance requirements (i.e. limits, coverage's	5):			
Do you always use a written contract with clients?			🗌 Yes 🗌 No	
If "NO", please fully describe the terms under which wor	•			
Does the Applicant have a written Quality Control/ Quality Assurance Program in place?			🗌 Yes 🗌 No	
If NO, explain:			Yes No	
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?				
If YES, describe:				
Does the applicant perform any operations and/ or plans	s to operate in the US or abroad?		🗌 Yes 🗌 No	
If YES, explain:				
Do you perform any work relating to Oil and Gas Industr	ry:		🗌 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 Lim	it Required \$	Policy includes \$50,000		
Rental Reimbursement:	Total Limit Required \$	Policy includes \$10,000 maxim	um 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 owr			🗌 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				

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CONTRACTORS' EQUIPMENT APPLICATION

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DESCRIPTION OF PROPERTY TO BE INSURED- please supply detailed sheet for all equipment and tools with a per item value of \$1,500 or more					
ITEM	DESCRIPTION	MANUFACTURER AND SERIAL NO.	AMOUNT		
Installation Floater					
Type of property installed:					
Do you install or hire or sub-contractor to	o perform installations:				
Installation Floater Limit Required:					
Installation Normally: Inside Buildin	ng:	Outside Building			
Number of jobs in progress at any one to Average:	me:	Maximum:			
Average number of days to complete any one installation:					
Estimated Annual Receipts:					
Maximum Value of Property at any one	location: Average:	Maximum:			
Maximum Value in any one transit:	\$	\$ Average duration of any one trip:			
**Method of transportation of property to be installed: OWN or CARRIER					

Transportation Floater

**If you regularly transport your own property/goods using your own vehicles, or if you hire common carriers (motor, rail, air) to transport property/goods, our Transportation Floater with provide you with complete coverage. The property/good being transported can be either outgoing or incoming.

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is

based on the truth and completeness of this information. The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the

insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, 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.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Signature of Applicant:	Date:	
Signature of Broker:	Date:	
Broker Firm:	Broker AGT #:	
Broker Email:	Tel:	Fax:

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

** Email application and attachments to - newbizcommercial@premiergroup.ca **					
Vancouver - T 604.669.5211	F 604.669.2667	London - T 519.850.1610	F 519.850.1614		