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| **Broker:** |  | **City** |  |

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| Applicant: |  | | | | |
| **Principals:** |  | | | | |
| **Street** |  | | | | |
| **City** |  | **Prov.** |  | **P.C.** |  |

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| **Policy Term requested: Effective 12:01 am** | Month |  | Day |  | Year |  |
| All Policies will be issued for a 12 month term. All times are “local time” at the applicants Mailing Address | | | | | | |

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| **1**. **Describe Operations** | | |  | | |  | |  | | | | | | | | | |
| Log Harvesting or Processing Operation? | | | Yes | | | No | | **\* PLEASE NOTE ON THE SCHEDULE ITEMS BEING USED FOR HARVESTING OR PROCESSING** | | | | | | | | | |
| Logging Road Construction Operation? | | | Yes | | | No | | | | | | | | | | | |
| Any other Operations? | | | Yes | | | No Details: | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **2.** Do you use any equipment for “Hoe Chucking”? | | | Yes | | | No | | |  | | | | | | | | |
| **3.** Area of operations? |  | | | If operate outside British Columbia, where? | | | | | | | | |  | | | | |
| 1. How long have you been in operation? | |  | | Years in business? | | | | | | | Total industry experience? | | | |  | | Years |
| **5.** Are any of these machines ever double shifted? | | | | | Yes | | No | | | **\* PLEASE NOTE ON THE SCHEDULE ITEMS BEING DOUBLE SHIFTED** | | | | | | | |
| **6.** Do you clean the machines between each shift? | | | | | Yes | | No | | |  | | | | | | | |
| **7.** Is any equipment operated on public highways?  Yes  No If “Yes” indicate License “Type” or “Class” **on schedule**. | | | | | | | | | | | | | | | | | |
| If “Yes” do you want to insure these exposures? | | | | | | | | | | | | | | Yes | | No | |
| **8.** Is any equipment operated or transported over water, ice or muskeg? | | | | | | | | | | | | | | Yes | | No | |
| If “Yes” do you want to insure these exposures? | | | Waterborne  Yes  No | | | | | | | | | Ice or Muskeg | | Yes | | No | |
| **9.** Could your equipment be required under contract, **other than by Provincial Authorities**, to assist fire fighting? | | | | | | | | | | | | | | Yes | | No | |
| If “Yes” do you want to insure these exposures? | | | | | | | | | | | | | | Yes | | No | |
| **10.** Do you rent, lease or lend equipment to others? **(Bare rental excluded)** | | | | | | | | | | | | | | Yes | | No | |
| **11.** Does **all** your equipment, and operating practices comply with government implemented regulations? | | | | | | | | | | | | | | Yes | | No | |
|  | | | | | | | | | | | | | |  | |  | |

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| **Insurance History** | | | | | | | | | | | |
| Do you currently have insurance in-force? | | | | Yes | | No | | | | | |
| Current or previous Insurer? | |  | | | | | | | | | |
| Policy Number |  | | | | Expires | | Month |  | Year |  | |
| In the past 5 years has any Insurer cancelled, declined or refused to renew or issue insurance to you? | | | | | | | | | Yes | | No |
| If “Yes” provide circumstances. | | |  | | | | | | | | |
| Has this Applicant had **Previous Losses** under this or any other business entity?  Yes  No | | | | | | | | | | | |
| **Cause of Loss** |  | | | | | | | | **Amount** | | |
|  |  | | | | | | | |  | | |
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| **Broker Report** | |  | | | | | | | | |
| Is this a new client to your office? | | | | Yes | No | Do you recommend this client? | | | Yes | No |
| Have you viewed the equipment? | | | | Yes | No | Condition | Good | Fair | Poor | |
| Remarks: |  | | | | | | | | | |
| Name of Producing Broker: | | |  | | | | | | | |

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| **CONSENT In accordance with the Act Respecting the Protection of Personal Information in the Private Sector**  If it should be necessary for the purpose of my file, I, undersigned, the applicant specifically consent that my broker and my insurers, for the time required to fulfil their functions:   1. Gather all the pertinent necessary information from the holders of my prior insurance files, intermediaries in the insurance industry, insurance companies, financial institutions, credit agencies, government records establishing driving experience, prevention, detection or repression of crime agencies and institutions that gather and compile data on insurance risks and losses.    1. -For the purpose of establishing the premium and the assessment of risk; and , (if you would like to consent now)    2. -For the purpose of verification, assessment and the settlement of losses;   Furthermore, I authorize my broker to sign on my behalf any request or form that may be necessary in order to gather information concerning me.   1. Disclose, in the case of my broker, the information obtained to insurers with whom he is doing business; when it is my insurers, to institutions that gather and compile data on insurance risks and losses and prevention, detection or repression of crime agencies. Solely the employees, mandatories or representatives of my broker, insurers or of institutions referred to in this paragraph will have access to this information when required within the execution of their functions.   Furthermore, I consent that holders of information concerning me and covered by the present consent be released from their confidentiality undertaking and that they convey the required information to my broker, my insurers, their employees, trainees or representatives.  I acknowledge having been informed of my right to access to information obtained by virtue of the present consent and to have it corrected, if need be.  Furthermore, I acknowledge having been informed that I may address all questions regarding the present consent to my broker and/or my insurers, their employees, trainees or representatives.  The total estimated policy premium is subject to adjustment to the insurer’s manual premium for the risk. | | | | |
| All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present application for insurance.  The answers in all parts of this application are correct to the best of my (our) knowledge and belief. | | | | |
|  | | | | |
| **Signature of Applicant** |  | | **Date:** |  |
| **Name of signatory** (Please Print) | |  | **Title:** |  |
| **Signature of Producing Broker** | |  | **Date:** |  |
| **Name of signatory** (Please Print) | |  | **Title:** |  |

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| **Item #** | Year | Make and Model | **Type** | **Serial Number** | **Amount** | **Valuation** | **If RC, unit purchased new & unused by Insured?** | **Falling or**  **Delimbing** |
|  |  |  |  |  |  | RC  ACV | Yes  No | Yes  No |
|  |  |  |  |  |  | RC  ACV | Yes  No | Yes  No |
|  |  |  |  |  |  | RC  ACV | Yes  No | Yes  No |
|  |  |  |  |  |  | RC  ACV | Yes  No | Yes  No |
|  |  |  |  |  |  | RC  ACV | Yes  No | Yes  No |
|  |  |  |  |  |  | RC  ACV | Yes  No | Yes  No |
|  |  |  |  |  |  | RC  ACV | Yes  No | Yes  No |
|  |  |  |  |  |  | RC  ACV | Yes  No | Yes  No |
|  |  |  |  |  |  | RC  ACV | Yes  No | Yes  No |
|  |  |  |  |  |  | RC  ACV | Yes  No | Yes  No |
|  |  |  |  |  |  | RC  ACV | Yes  No | Yes  No |
|  |  |  |  |  |  | RC  ACV | Yes  No | Yes  No |
|  |  |  |  |  |  | RC  ACV | Yes  No | Yes  No |
|  |  |  |  |  |  | RC  ACV | Yes  No | Yes  No |
|  |  |  |  |  |  | RC  ACV | Yes  No | Yes  No |
|  |  |  |  |  |  | RC  ACV | Yes  No | Yes  No |
|  |  |  |  |  |  | RC  ACV | Yes  No | Yes  No |

**Loss Payees**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicable to Items:** | | **Applicable to Items:** | | **Applicable to Items:** | |
| **Name** | | **Name** | | **Name** | |
| **Street** | | **Street** | | **Street** | |
| **City** | | **City** | | **City** | |
| **Prov:** | **PC** | **Prov:** | **PC** | **Prov:** | **PC** |
| **(If there are more than three Loss Payees, attach list)** | |  | |  | |