|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Broker:** |  | **Policy Number:** | **WML** |  |

|  |  |
| --- | --- |
| Insured: |  |
| **Principals:** |  |
| **Mailing Address (if changed) :** | |
|  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Policy Term: 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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| ANY CHANGES SINCE LAST APPLICATION?  **Yes**  **No** If “Yes”, please complete the following questions # 1 to # 9  and provide an updated schedule |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Operations** |  | | | | | | | | | | | | | | | | | |
| **1**. 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? | | | | | | | | | | | | | | | Yes | | No | |
| **11.** Does **all** your equipment, and operating practices comply with government implemented regulations? | | | | | | | | | | | | | | | Yes | | No | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature of Applicant** |  | | **Date:** |  |
| **Name of signatory** (Please Print) | |  | **Title:** |  |
| **Signature of Producing Broker** | |  | **Date:** |  |
| **Name of signatory** (Please Print) | |  | **Title:** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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)** | |  | |  | |