|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |

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