

Chutter Underwriting Services Contractor's Equipment Application

This application is not intended to restrict or limit in any way a complete and full declaration of all information. All questions must be answered completely. Please do not leave any question unanswered. If the space provided is insufficient please attach details on a separate sheet, although fields will expand for certain questions. Use Tab to navigate cells and Enter within cells.

CONTRACTOR'S EQUIPMENT APPLICATION

INLAND MARINE DEPARTMENT

1.	Name of Applicant:						
2.	Operating as:						
3.	Address (Head Office):						
4.	Specify exact nature of operations:						
5.	Area(s) of Operations:						
6.	Insured has been engaged in this type of operation years.						
7.	Is equipment subject to the following hazards? (Explain in detail):						
	(a)	Transportation b	y water	Yes□ No	D		
	If answer is yes specify anticipated number of trips per year:						
	Type of vessel (s) traveling between						
	Maximum value shipped any one time \$						
	(b)	Operation from barges to other floating conveyances: Yes \square No \square					
	(c)	Ice and Muskeg: Yes \square No \square					
	(d)	Others unusual to general operation of applicant: Yes \square No \square					
	If yes, what kinds of operation?						
8.	Is equipment located in areas subject to the following?						
	(a)	Flood			(b)	Windstorm	
	(c)	Landslide			(d)	Snowslide	
	(e)	Earthquake					

9.	What percentage of total work performed includes the following:							
	(a) Logging Operations% (b) Land clearing or brush cutting% (c) Strip Mining% (d) Underground Mining% (e) Bridge Construction% (f) Dam Construction% (g) Road Construction% (h) Oilfields%							
10.	If equipment is not transported from site to site under its own power, specify method of transportation employed:							
11.	Is the equipment used solely by the applicant? Yes \Box No \Box							
12.	If equipment is leased to others, complete the following and attach a copy of the applicants standard lease agreement.							
	 (a) Equipment is leased on: □ Long term leases, □ Short term leases. (b) Maximum value of equipment on lease at any one time \$ (c) Average value of equipment on lease at any one time \$ (d) Equipment leased with operator: □ (e) Equipment leased without operator: □ 							
13.	Maximum accumulation of equipment at any one site, including any repair and maintenance garages or shortage garages							
14.	Do you have any trailers, camp buildings and contents? Yes \Box No \Box							
15.	Advise full construction, fire prevention and common or special hazards of all repair and maintenance garages or storage garages in which equipment is repaired or stored:							
	(a) Address:							
	(b) Construction:							
	(c) Fire Prevention:							
	(d) Common or Special Hazards (i.e. spray painting, welding, etc.):							
16.	If equipment, when not in use, is stored in open, is open area:							
	(a) Fenced? Yes □ No □ (b) Locked? Yes □ No □ (c) Under watchmen supervision? Yes □ No □							
17.	What is general condition of equipment?							
	Excellent Good Fair Poor							
	If question answered by broker was this from personal observation or knowledge? If not, explain:							
18.	Are maintenance and overhauls done on a scheduled basis? Yes \square No \square							

19.	Camp Building and Contents:						
	 (a) What is the maximum concentration of value (b) If more than one camp, what is the distance (c) Clearance from bush (d) Fire Fighting equipment available (specify) I) Standpipes, hydrants Yes □ II) Source of Water Pressure Yes □ III) Portable Extinguishers Yes □ 	between camps?					
20.	List all losses (insured or uninsured) occurring within th	e past five years providing dates, details and gross amounts.					
21.	Has any Insurer cancelled or declined to provide this type	of insurance to the Applicant? Yes \square No \square If so, explain.					
22.	Name of present Insurer:						
23.	Attach list of equipment providing a full description including the age of each Unit:						
	Item	Value					
	Total						
24.	Does the amount to be insured represent the applicant	s entire equipment Schedule? Yes □ No □					
	pplication has been completed on:	DayMonth20					
Signed	:Authorized representative of insured						
	The second secon						
Print:	Name	Title or Position					