

Mobile Heavy Equipment Mechanic/Technician

SECTION 1: APPLICANT INFORMATION

- Name of Insured: _____
- Principal's Name: _____
- Mailing Address: _____
- Phone: _____ Cell Phone: _____ Email: _____

SECTION 2: OPERATIONAL DETAILS

- Area of Operations: _____ Years in Business: _____
- Number of Employees: _____
- Please complete the following for each employee, including the principal.

Name	Qualifications	Ticket No. (Attach copy)	# of Years' Experience

Gross Receipts: _____ Max. # of Employees: _____ Amount of Sublet: _____

- Losses caused by uninsured subcontractors are a major source of liability claims. It is a condition of the Insurance Program Policy applied for that you require subcontractors to carry liability insurance to limits at least equal to those chosen by you and naming you as an Additional Insured with respect to work that is done on your behalf.

Please confirm if this is so: Yes No

- Are Certificates of Insurance obtained? Yes No
- Do all individuals employed by you have a minimum of five years' experience? Yes No
- Does the Applicant remove or protect all combustible or flammable materials via a non-combustible protective cover at all times during cutting/heating operations? Yes No
- Is an Underwriters Laboratories of Canada approved fire extinguisher kept in close proximity of all cutting/heating operations? Yes No
- Type of equipment worked on (indicate percentage):
 Trailers: _____ Heavy Equipment (off-road tractors): _____ Contractor's Equipment: _____
 Other: _____

10. Is work performed on Marine, Aviation, or Railway equipment? Yes No
11. Is work performed on private passenger vehicles? Yes No
12. Is work performed on public or private buses? Yes No
13. Is work performed on agricultural equipment? Yes No
14. Is work performed in an underground mine? Yes No
15. Does the Applicant manufacture, install, or repair any type of Blow-Out Prevention Equipment? Yes No
16. Any work performed on offshore installations? Yes No

If yes, % of welding on own premises: _____ % off premises: _____

17. If the Applicant's operations are NOT 100% oilfield related, please describe fully what other industries Insured will provide services to?

18. Worker's Compensation on all employees? Yes No

19. Any Hold Harmless Agreements? Yes No

SECTION 3: INSURANCE & LOSS HISTORY INFORMATION

1. Previous Insurer: _____ Policy #: _____

2. Expiring Premium: _____ Expiry Date: _____

3. Is the above Insurer offering renewal? Yes No

If yes, renewing premium: _____

If no, please advise why not:

4. Requested Effective Date: _____

5. Claims Experience. Describe all liability losses or incidents paid, or reserved, for the last 5 years (include dates and amounts):



SECTION 4: COVERAGES

1. CGL Limit Required:

- \$1,000,000
 \$2,000,000
 \$3,000,000
 \$4,000,000
 \$5,000,000

CGL limits include the following extensions of coverage:

- \$1,000,000 Forest Fire Fighting Expense
- \$1,000,000 Limited Pollution
- \$250,000 Aggregate E & O Sub Limit (Claims Made Form)
- \$25,000 Aggregate Faulty Workmanship (Claims Made Form)
- \$25,000 Rigger's Liability
- SEF 94 Limit \$75,000 – All perils cover \$2,500 deductible
- Non-owned Automobile – CGL limit
- Broad Form Completed Operations
- Operation of Attached Machinery
- Contingent's Employers Liability

2. Is Property coverage required? Yes No

If **yes**, the following limits will be quoted:

Contractor's Equipment	\$5,000 Limit	Included
Tool Floater	\$15,000 Limit	Included
Ice & Muskeg Coverage		Included
Extra Expense	\$25,000 (100% first month)	Included
Rental Expense Endorsement	\$1,000/day - \$25,000 Aggregate	

The property coverages chosen all contain clauses that limit the amount payable. To avoid underinsurance in the case of a loss, please choose a limit equal to the value of the property you own as higher limits are available upon request.

3. Higher Limited, if required: _____

SECTION 5 : DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk -Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

 Applicant's Name (Please print)

 Title/Position

 Signature of Applicant

 Date (MM/DD/YYYY)

BROKER CONTACT INFORMATION

Agent Name: _____ Brokerage Name: _____
 Email: _____ Address: _____
 Phone: _____ City / Province: _____
 Fax: _____ Postal Code: _____

Risk-Can Underwriting Managers is a BrokerLink company. The BrokerLink companies are subsidiaries of Intact Financial Corporation.
 ©2024 Risk-Can Underwriting Managers. Risk-Can & Design is the property of Score Sports Insurance Services Inc., operating as Risk-Can Underwriting Managers. All rights reserved.