



Property & Casualty

Contractor's Equipment Inland Marine Application

1. Full name of Applicant: _____
2. Operating as: _____
3. Address (Head Office): _____ Postal Code: _____
4. Specify exact nature of operations: _____
5. Area (s) of Operations: _____
6. Insured has been engaged in this type of operation since: _____
7. Is equipment subject to the following hazards? (Explain in detail):
 - a. Transportation by water: Yes No If "yes":
 - specify anticipated number of trips per year: _____
 - vessels used: _____
 - traveling between: _____
 - maximum value shipped any one time: \$ _____
 - b. Is equipment ever operated from barges or other floating conveyances: Yes No
If "yes", explain:

 - c. Ice and/or Muskeg: Yes No
 - d. Other hazards usual to general operation of applicant: Yes No
If "yes", describe hazards and operations:

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 | _____ % |
| i. Other | _____ % | Describe: | _____ |

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 No

If "NO" provide details: _____

12. If equipment is leased to others, complete the following:

- a. Total annual rental fees charged by Insured:
- Last year: (_____ to _____): \$ _____
- Current year: (_____ to _____): \$ _____
- Coming year: (_____ to _____): \$ _____
- b. Based on annual rental fees charged, what % of rentals are on:
- Short term lease/rental (30 days or less): _____ % of annual rental fees charged
- Long term lease/rental (31 days and over): _____ % of annual rental fees charged
- c. Maximum value of equipment on lease at any one time: \$ _____
- d. Average value of equipment on lease at any one time: \$ _____
- e. Is equipment ever rented or leased to others without a qualified and experienced operator provided by the Insured?
- With operator provided: _____ % of annual rental fees charged
- Bare rental, without operator provided: _____ % of annual rental fees charged
- f. Attach a copy of the Rental/Lease agreement used by Insured

13. Maximum accumulation of equipment at any one site, including at any repair, maintenance or storage garages: \$ _____

14. Advise full construction, fire prevention and common or special hazards of all repair, maintenance 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.): _____

15. Advise full construction, fire prevention and common or special hazards of all repair, maintenance or storage garages in which equipment is repaired or stored:

- a. Fenced? Yes No
- b. Gated and Locked? _____
- c. Under watchmen supervision? _____

16. What is general condition of equipment?

Excellent Good Average Poor

17. Are maintenance and overhauls done on a scheduled basis? Yes No
 If "YES", how often? _____

18. Do you have any camp buildings or trailers and contents? Yes No
 If "YES" and they're not included in this submission, please complete the following:
 Where are they insured? _____
 What is the total ACV of these trailers/buildings and contents: \$ _____

19. Camp Building and Contents:

- a. What is the maximum concentration of value at any one location: \$ _____
- b. If more than one camp, what is the distance between camps? _____ Miles / _____ Km
- c. Minimum clearance from bush: _____ Miles / _____ Km
- d. Fire Fighting equipment available – specify: _____
 - i. Standpipes, hydrants: How many? _____ Distance: _____
 - ii. Source of Water Pressure: _____
 - iii. Portable Extinguishers:
 What size and type? _____ How many? _____ Where? _____

20. List all losses (insured or uninsured) occurring within the past five years: (If space is insufficient, attach separate sheet.)

Date of Loss	Property Lost / Damaged	Cause of Loss	Location of Loss	Total Amount of Loss
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

21. Has any Insurer cancelled or declined to provide this type of insurance to the Applicant? Yes No
 If "YES", explain: _____

22. Name of present Insurer: _____

23. Attach list of equipment providing a full description including the age of each Unit.

24. Does the amount to be insured represent the applicant's entire equipment Schedule? Yes No
 If "NO", explain: _____

THIS APPLICATION IS TO BE COMPLETED BY THE INSURED / APPLICANT

Signed: _____ Date: _____
Insured / Applicant

Print: _____
Name *Position / Title*

