



CONTRACTOR'S EQUIPMENT APPLICATION

1. Please answer all questions. If any section does not apply, please indicate with "Not Applicable" OR "None".
2. If there is insufficient space to complete your answer for a particular question please use and attach as many additional pages as required to include any supplementary information.

APPLICATION FORMS PART OF THE POLICY

The Applicant(s) submission of this application including any additional information does not obligate the Applicant to buy insurance nor are we obligated to sell or offer insurance upon any specific terms requested. If insurance is effected, this Applicant's application, including any additional information provided, all will attach to and form part of the policy that is issued.

Completion of this form does not bind coverage. Applicant's written acceptance of an insurance company's quotation and company's written agreement to be bound are required to bind coverage and issue policy.

GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Operating Name: _____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

Name of Principal(s): _____

Website: _____

Number of years in business: _____ Years' of related experience: _____

Desired Effective Date: (MM/DD/YYYY) _____ Desired Expiry Date: (MM/DD/YYYY) _____

Previous Insurer: _____

Has any Insurer cancelled, declined, or refused you coverage? Yes No If Yes, explain: _____

OPERATIONS

Narrative Description of Operations:



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OPERATIONS BY REVENUE:

Operation	Total Revenue (\$)	Sub-Contracted Amount (\$) (included in Total Revenue)
Unpaved Road Construction		
Paved Road Construction		
Bridge Construction		
Road Maintenance		
Residential Excavation a/o Site Construction		
Non-residential Excavation a/o Site Construction		
Landscaping		
Snow Removal		
Demolition		
Drilling - Water		
Drilling - Mineral Exploration		
Drilling - Oil & Gas		
Frac Services a/o other Well site Services		
Pipeline Construction		
Other:		
Other:		
Equipment Hauling for Others		
Totals for Next Year:	\$0	\$0

Logging, Mill Yard, or Site Clearing (mulching, brush-cutting)	Complete "Logging Contractors Application"
Crane & Rigging (mobile or tower cranes)	Complete "Crane Contractors Application"
Oilfield Hauling	Complete "Trucking & Transportation Application"

AREA OF OPERATIONS

Area	% of Operations (by Revenue)
Describe:	
Describe:	
Describe:	

Do you perform any work in the USA?

Yes No

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GENERAL

Do you employ any Professional (Engineers)? Yes No

If Yes to the above, provide a complete description, including the amount of "fee for service" revenue or whether these professionals strictly work within your operations:

Do you perform any welding operations? Yes No

If Yes to the above, please describe, including whether on premises, off premises, and what control measures and fire watch is provided:

i) Do you perform welding on equipment owned by others? Yes No

Have there been any changes to your operations in the past 5 years, or are major changes anticipated in the next year?

Do you own, hire, or lease any watercraft or aircraft? Yes No

Do you have any other subsidiary companies not listed on this application? Yes No

i) Do you want this policy to cover these operations? Yes No

ii) Please list company names and details of operations:

Do you perform any burning operations? Yes No

If Yes to above, do you comply with all applicable government guidelines and regulations? Yes No

i) Do you ever burn outside the period of October to April? Yes No If Yes, describe below:

Do you perform any work on gas lines? Yes No If Yes, describe below:

ROAD BUILDING & GRAVEL PIT OPERATIONS

Are you responsible for locating or surveying the roads? Yes No

Do you build bridges or dykes? Yes No

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Do you do any paving or concrete construction? Yes No

Do you operate any Gravel Pits? Yes No If Yes, describe (depth, location, site security, etc.) below:

Do you do any blasting? Yes No

i) Do you employ a licensed demolition expert? Yes No

ii) If the blasting work is sub-contracted, do you check for proof of insurance? Yes No

HAULING OPERATIONS – CARGO

Do you haul equipment or other property of others? Yes No

i) Describe the commodity hauled: _____

ii) What is the Average load value? \$_____ and maximum load value \$_____

iii) Do you issue a standard Waybill? Yes No

If Yes to above, is the valuation on a "Released Value" basis (\$2/lb) or "Declared Value (ACV)" basis?

Released: _____% Declared Value: _____% (Please attach a copy of Waybill)

iv) Do you ever haul gratuitously (without compensation)? Yes No

v) If hauling gratuitously, what is the approximate number of trips per month? _____ Trips



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EQUIPMENT

SCHEDULE OF EQUIPMENT

If more than 10 items, please attach a complete schedule of Equipment

Items	Unit #	Description and Serial Number	Valuation (ACV/RC)	Insured Value (\$CAD)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
TOTAL INSURED VALUE				\$0

LOSS PAYEE:

With respect to Items Numbered:	Name and Address of Loss Payee, and notes, if any

Is the equipment shown in the schedule of equipment the only equipment owned by you? Yes No If No, please explain below:

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What is the maximum depth you excavate to? _____ ft

Do you double shift any equipment? Yes No If Yes, what percentage? _____%

Do you transport equipment by Barge or Ferry? Yes No Possibly If Yes, describe and include the maximum value of any one shipment: _____

Do you operate any equipment on a Barge or other floating conveyance? Yes No If Yes, explain below: _____

Do you operate in areas of ice/muskeg? Yes No Possibly

Have you, or will you, enter into a Fire Suppression Rental Agreement with the Ministry of Forest, or similar agreement with any other Provincial Authority?

Yes No

Where is the equipment stored when not in use? _____

i) State the maximum value in any one building: \$ _____

ii) State the maximum value stored in any one yard: \$ _____

iii) Describe the yard security (fence, lighting, gated, etc.): _____

Is the equipment used solely by you and your employees? Yes No If No, please explain below: _____

i) If equipment is rented, leased, or loaded to third parties, is risk of loss / damage transferred by written agreement? Yes No

If Yes to above, please provide a copy of the agreement. If No, explain the agreement including description of operations of the lessee: _____

Do the equipment operators conduct a basic maintenance check at the beginning and end of each shift? Yes No

i) Is a daily Log Book kept of the operator's maintenance checks? Yes No

ii) What procedure does the operator follow if they notice a deficiency during a maintenance check? _____

Are maintenance and overhauls done on a schedule basis, and in accordance with the manufacturer's specifications? Yes No If no, explain: _____

Do you have mechanics on staff with mobile support capabilities? Yes No

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What is the general condition of the equipment? Excellent Good Fair Poor

Is the equipment exposed to any unusual hazards? Yes No If Yes, please explain below:

Does all your equipment and operating practices comply with government regulations? Yes No

FIRE PREVENTION

Are all mobile machines equipped with spark arrestors? Yes No

Do you have water tanks or water trunks at operating sites? Yes No If Yes, please explain below:

Is each unit fitted with certified fire extinguishers? Yes No

How often are machines pressure washed? _____

How often are machines steam cleaned? _____

Do you have a written smoking policy and is it strictly enforced? _____

VEHICLES

Please complete a "COMMERCIAL VEHICLE SUPPLEMENT" if:

- You operate unlicensed vehicles and CGL is to be extended to these vehicles (include schedule);
- You are requesting physical damage coverage on licensed or unlicensed vehicles;
- You are requesting Umbrella Liability coverage in excess of auto liability coverage.

How many unlicensed vehicles do you operate on private roads, or jobsites?

Heavy Trucks: _____ Trailers: _____ Trucks: _____

ATV's: _____ Snowmobiles: _____

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WATERCRAFT:

Please complete a "COMMERCIAL WATERCRAFT SUPPLEMENT" if you own and operate commercial watercraft under 10 meters in length and CGL is to be extended to these vessels (include schedule with application)

LIABILITY

Do you obtain proof of insurance from all sub-contractors for at least \$1,000,000 CGL coverage (*requiring sub-contractors to carry insurance can lower your cost of insurance*)? Yes No N/A

Do you obtain proof of W.C.B. insurance from sub-contractors? Yes No N/A

Do you obtain proof of insurance from sub-contractors for any other form of insurance (*such as Fire Fighting Liability Expense coverage, or Limited Pollution coverage*)? Yes No N/A If Yes, please explain below:

Average number of Employees: Full Time _____ Part Time: _____ Do you have an employee benefits program: Yes No

Are all your employees covered by W.C.B? Yes No If No, please explain below:

Do you have any hold-harmless agreements in place with any third parties? Yes No If Yes, please explain below:

Do you have any fuel storage tanks or fuelling facilities on premises, on vehicles, or at jobsites? Yes No

i) Have you considered your Pollution Liability exposure? Yes No

ii) Would you like a quote for Pollution Liability coverage? Yes No

If Yes to the above, complete "Limited Pollution Supplement" or "Contractors Environmental Impairment Liability Application"

Do you rent or lease space from others for business purposes? Yes No

i) What is the square footage of leased space? _____ feet

ii) Are there other occupants in this building? Yes No If Yes, describe below:



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What is the construction of the building (wood frame, pre-fab steel, masonry, tilt-up concrete)? _____

Hydrants within 300 meters? Yes No Fire Hall within 8 kilometers? Yes No Sprinklered? Yes No

COVERAGE AND LIMITS

PROPERTY COVERAGE

If property is to be covered, please attach a completed "Commercial Property Supplement".

	Total Insured Value (\$)
Buildings	
Contents and Equipment and Tenants Improvements	
Stock	
Tools on site	
Tools off site	
BI Gross Rents coverage, indicate locations	
BI Gross Profits coverage, indicate locations	
BI Extra Expense	
Computer (Hardware/Media/Software)	
Mechanical Breakdown coverage, indicate locations	
Other:	
Deductible(s)	

EQUIPMENT COVERAGE

	Total Insured Value (\$)
Contractors Equipment	
Vehicle Physical Damage (Trucks and Trailers)	
Small Parts and/or Tools	
Employee owned Tools (if any)	
Other:	



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EQUIPMENT LIMITS

	Limit of Liability (\$)
Any one Loss or Disaster	
Broad Waterborne	
Rental Reimbursement coverage	
Blanket S/T Leased, Rented, or Borrowed Equipment	
Employee Tool coverage	
Deductible(s)	

RIGGERS (ON HOOK) COVERAGE

	Limit of Liability (\$)
Any one Loss or Disaster (Limit of Loss)	
Deductible(s)	

CARGO COVERAGE

	Limit of Liability (\$)
Any one Loss or Disaster (Limit of Loss)	
Deductible(s)	

LIABILITY COVERAGE

	Limit of Liability (\$)
BI / PD Any one Loss or Disaster (Limit of Liability)	
Products & Completed Operations (aggregate limit)	
Medical Payments coverage	
Tenants Legal Liabilities coverage	
Non-owned Automobile coverage	



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Advertising Liability coverage	
Employee Benefits Liability coverage	
Forest Fire Fighting Expense Liability coverage	
Limited Pollution Liability coverage	
Other:	
Deductible(s)	

LOSS HISTORY

Check here if there were **NO LOSSES IN THE PAST 5 YEARS** under any coverage line applied for herein, otherwise **DETAIL ALL LOSSES** below:

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	DEDUCTIBLE PAID BY INSURED

Please attach any available insurance company loss reports with this application

BROKER INFORMATION

Broker Name: _____ Brokerage: _____

Tel No: _____ Email: _____

How long have you known the Client? _____

Applicant's Name: _____

Applicant's Signature: _____ Date: _____