

CONTRACTORS' EQUIPMENT APPLICATION

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BROKER INFORMATION:

Name:	Contact:	
Address:	City:	Postal Code:

GENERAL INFORMATION

Applicant's Name:		
Mailing Address:	City:	Province: Postal Code:
Five Year Claims History: <input type="checkbox"/> Yes <input type="checkbox"/> None If yes, list or attach separate document:		
Branch Office locations:		
Company Structure: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> General Contractor <input type="checkbox"/> Sub Contractor <input type="checkbox"/> Other		
Has any insurer ever cancelled, declined, or refused to renew or issue insurance of the type applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Do you carry other insurance with our company? <input type="checkbox"/> YES <input type="checkbox"/> NO Policy Number:		
Has the applicant ever operated under a different name? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide name(s):		
Have there been any claims against these entities? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide details:		
Does your Applicant enter into formal contractual agreements with subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, does the Applicant require being added as an additional Insured to the sub's GL? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you require proof of insurance from sub-contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Details of insurance requirements (i.e. limits, coverage's):		
Do you always use a written contract with clients? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "NO", please fully describe the terms under which work is accepted:		
Does the Applicant have a written Quality Control/ Quality Assurance Program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If NO, explain:		
Is the applicant aware of any circumstances, fact, or situation that might result in a claim being made against the applicant or any other person or entity for whom coverage is being sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, describe:		
Does the applicant perform any operations and/ or plans to operate in the US or abroad? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, explain:		
Do you perform any work relating to Oil and Gas Industry: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you perform any work relating to Mining Industry: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, explain:		

Contractors' Equipment Floater

Actual cash value of equipment* over 3 years old:		
Replacement cost of equipment* less than 3 years old:		
Tools:		
Newly Acquired Contractors Equipment/Tools Total Limit Required \$	Policy includes \$50,000	
Rental Reimbursement: Total Limit Required \$	Policy includes \$10,000 maximum per day \$2,500	
Gross Earnings: Total Limit Required \$		
Debris Removal: Total Limit Required \$	Policy includes \$50,000	
Property of Others Blanket Limit Total Limit Required \$	Sublimit provided \$25,000	
Is any of your equipment protected by tracking devices e.g. global positioning system? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you service/overhaul your equipment on a regular basis subject to manufacturer's guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you lease or rent any tools or equipment to / from others? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide details:		
Catastrophic Limit Required: \$		
Equipment Storage location:		
Maximum value of equipment and tools inside building: \$		
Do you have a repair and service facility to conduct own equipment repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No		

*Any piece of equipment or tool (including accessories and/or spare parts) with a value of \$1,500 or less should be included under tools

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DESCRIPTION OF PROPERTY TO BE INSURED- please supply detailed sheet for all equipment and tools with a per item value of \$1,500 or more

ITEM	DESCRIPTION	MANUFACTURER AND SERIAL NO.	AMOUNT

Installation Floater

Type of property installed:

Do you install or hire or sub-contractor to perform installations:

Installation Floater Limit Required:

Installation Area: ☐ Inside Building ☐ Outside Building

Number of jobs in progress at any one time:

Maximum:

Average:

Average number of days to complete any one installation:

Estimated Annual Receipts:

Maximum Value of Property at any one location:

Average:

Maximum:

Maximum Value in any one transit:

\$

Average duration of any one trip:

**Method of transportation of property to be installed: ☐ OWN or ☐ CARRIER

Transportation Floater

**If you regularly transport your own property/goods using your own vehicles, or if you hire common carriers (motor, rail, air) to transport property/goods, our Transportation Floater will provide you with complete coverage. The property/good being transported can be either outgoing or incoming.

DECLARATION / CONSENT

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Signature of Applicant:

Date:

Signature of Broker:

Date:

Broker Firm:

Broker AGT #:

Broker Email:

Tel:

Fax:

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizcommercial@premiergroup.ca ****

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