

**CONTRACTORS' EQUIPMENT APPLICATION**

**BROKER INFORMATION:**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**GENERAL INFORMATION**

Applicant's Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Five Year Claims History:  Yes  None If yes, list or attach separate document: \_\_\_\_\_  
 Branch Office locations: \_\_\_\_\_  
 Company Structure:  Individual  Corporation  Partnership  General Contractor  Sub Contractor  Other  
 Has any insurer ever cancelled, declined, or refused to renew or issue insurance of the type applied for?  Yes  No  
 If yes, explain: \_\_\_\_\_  
 Do you carry other insurance with our company?  YES  NO Policy Number: \_\_\_\_\_  
 Has the applicant ever operated under a different name?  YES  NO If yes, provide name(s): \_\_\_\_\_  
 Have there been any claims against these entities?  YES  NO If yes, provide details: \_\_\_\_\_  
 Does your Applicant enter into formal contractual agreements with subcontractors?  Yes  No  
 If yes, does the Applicant require being added as an additional Insured to the sub's GL?  Yes  No  
 Do you require proof of insurance from sub-contractors?  Yes  No  
 Details of insurance requirements (i.e. limits, coverage's): \_\_\_\_\_  
 Do you always use a written contract with clients?  Yes  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?  Yes  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?  Yes  No  
 If YES, describe: \_\_\_\_\_  
 Does the applicant perform any operations and/ or plans to operate in the US or abroad?  Yes  No  
 If YES, explain: \_\_\_\_\_  
 Do you perform any work relating to Oil and Gas Industry:  Yes  No  
 Do you perform any work relating to Mining Industry:  Yes  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?  Yes  No  
 Do you service/overhaul your equipment on a regular basis subject to manufacturer's guidelines?  Yes  No  
 Do you lease or rent any tools or equipment to / from others?  Yes  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?  Yes  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

