

CONTRACTORS' EQUIPMENT APPLICATION Page 1 of 2 **BROKER INFORMATION:** Name: Contact: Address: City: Postal Code: **GENERAL INFORMATION** Applicant's Name: Mailing Address: Citv: Province: Postal Code: Five Year Claims History: ☐ Yes ☐ None If yes, list or attach separate document: Branch Office locations: ☐ Individual ☐ Corporation ☐ Partnership ☐ General Contractor ☐ Sub Contractor ☐ Other Company Structure: 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 ☐ Yes ☐ No If yes, does the Applicant require being added as an additional Insured to the sub's GL? 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 ☐ Yes ☐ No other person or entity for whom coverage is being sought? If YES, describe: ☐ Yes ☐ No Does the applicant perform any operations and/ or plans to operate in the US or abroad? If YES, explain: Do you perform any work relating to Oil and Gas Industry: ☐ Yes ☐ No ☐ Yes ☐ No Do you perform any work relating to Mining Industry: If YES, explain: **Contractors' Equipment Floater** Actual cash value of equipment* over 3 years old: Replacement cost of equipment* less than 3 years old: Newly Acquired Contractors Equipment/Tools Total Limit Required \$ Policy includes \$50,000 Rental Reimbursement: Policy includes \$10,000 maximum per day \$2,500 Total Limit Required \$ Gross Earnings: Total Limit Required \$ Total Limit Required \$ Debris Removal: 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: \$ ☐ Yes ☐ No Do you have a repair and service facility to conduct own equipment repairs? *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 ITFM **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 Normally: 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: ☐ OWN or ☐ CARRIER **Method of transportation of property to be installed: **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 with 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 **				
Vancouver - T 604.669.5211	F 604.669.2667	London - T 519.850.1610	F 519.850.1614	