

BRIT CONTRACTORS EQUIPMENT PROPOSAL FORM

For use with TLS Contractors Equipment Wording.

Attach an extra sheet if there is insufficient room for your answers

All questions must be answered. Any questions left blank will be deemed to have been answered "no" or "not applicable". If there are more than 6 units, please use page 4.

Applicant Information

1 Type of coverage required: Contractors Equipment? Logging Equipment?

2 Applicant:
Doing business as:
Address:

Year established: _____ If a new venture complete the new venture section of this form.

3 Names, addresses and functions of associated or subsidiary companies to be included:

4 Description of operations:

5 General areas of operation, topography:

6 Purpose(s) for which equipment is used:

7 Is equipment operated in areas subject to muskeg or ice? Yes No

8 Please advise:

a) Months or periods when equipment is not normally operating:

b) Location to which equipment is returned when not in use:

c) Is equipment housed? Yes No
If yes, estimate maximum value any one time: USD/CAD

d) Is equipment in open? Yes No
If yes, estimate maximum value any one time: USD/CAD

e) If equipment is in open, is area fully enclosed by a fence? Yes No

f) Does applicant do any work in mountainous areas? Yes No

g) Does applicant do any dynamiting/work at job sites where others might do dynamiting work? Yes No

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h) Will the equipment be used over water, such as bridge building or on barges or jetty work? Yes No

i) Will the equipment be used on top of or to push burning piles of material such as brush, logs or trash? Yes
No

8 Has any insurer within the past 5 years refused to renew or cancelled insurance to applicant? Yes No
If yes, please give details:

9 Please give details on following:

Current Insurer:	Deductible:
Present Rate/Premium:	Expiration Date:
Limits:	

10 Date from which insurance cover required:

11 Has the Applicant sustained any losses during the past five years which would have been covered under this form of insurance if the applicant had carried such a policy? If so, state loss details:

Year	TSI at inception	Insurer	Loss Description	Amount Paid
	\$			
	\$			
	\$			
	\$			
	\$			

12 Condition of equipment?

13 Is each item of heavy equipment equipped with at least one ABC rated fire extinguisher of the following size and type:

- a) 20lb dry powder fire extinguisher? Yes No
b) 9lb halon fire extinguisher? Yes No

14 Will any equipment be hired out? Yes No

If so, is the equipment operated solely by employees of the applicant? Yes No

15 How often is the equipment serviced and by whom?

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16 How often is the equipment cleaned and by whom?

17 Are there any other material facts, within your knowledge, regarding this proposal of insurance, which should be submitted to the Insurers for consideration?

18 *	Year/make	Type of Unit	Model no./Serial no.	Date of Purchase	Security/Fire Prevention Equipment	Sum Insured (Actual Cash Value)

19 Is the listed equipment the only equipment owned and operated by the applicant? Yes No
 If no, please give full details of all such other items of equipment and explain why coverage is not required on those items?

Other items of equipment

Reason why coverage is not required

20 Total Sums Insured (TSI) of all listed equipment:
Deductible:

21 Can you confirm that no one item of equipment has a loan of more than 75% of its current actual cash value?
Yes No

Alternatively, list the loan amount(s) for any item where the loan exceeds 75% of the current actual cash value:

22 I/we hereby declare that statements and particulars given on this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld or modified any material facts. I/we agree that should a policy be issued, this form shall be the basis of the contract, and that any change in the pattern of my/our trade or trade practices shall be advised to the Underwriters who may at their discretion, vary the terms and conditions of the contract.

SIGNED: **Dated:**

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POSITION:

