



CONTRACTORS EQUIPMENT APPLICATION

**PLEASE ANSWER ALL QUESTIONS
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS**

1. Applicant's Name:

2. Operating As:

3. Contact: _____ Telephone: _____

4. Mailing Address & Postal Code/Zip Code:

5. Applicant is: Partnership Association Individual Other

Narrative Description of Operations:

6. a) What percentage of total work performed includes the following:

Work Performed	Percentage (%)
Road Construction	
Strip Mining	
Underground Mining	
Land Clearing or Brush Cutting	
Excavation	
Yard Work	
Other	

b) If other, explain:

c) General Topography of Area(s):

d) Insured has been engaged in this type of operation for _____ years.

7. Is equipment subject to the following hazards? Explain in detail:

a) Transportation by water?

Yes No

If answer is Yes specify anticipated number of trips per year: _____

Type of vessel(s)?

Where do trips occur? _____

Average value shipped any one trip: \$ _____

b) Operation from barges or other floating conveyances?

Yes No

Details:

c) Ice and Muskeg?

Yes No

Other unusual hazards within general operation of Applicant?

8. Is the equipment used solely by the Applicant?

Yes No

If equipment is leased to others, complete the following and attached a copy of the Applicants standard lease agreement.

a) Equipment is leased on: Long Term Lease Short Term Lease

b) Maximum value of equipment on lease at any one time: \$ _____

c) Average value of equipment on lease at any one time: \$ _____

d) Equipment leased with operator:

Equipment leased without operator:

e) If equipment is leased to others describe operations of lease:

f) Does Insured obtain Proof of Insurance from Lessee? Yes No

9. Are maintenance and overhauls done on a scheduled basis? Yes No
Who does maintenance?

10. Has any Insurer cancelled or declined to provide this type of insurance to Applicant? Yes No
If Yes, explain why:

Previous insurance carrier: _____

Expiring Premium: _____

11. List all losses (insured or uninsured) occurring within the past 5 years providing dates, details and amounts:

Date of Loss	Cause of Loss	Amount of Loss

12. **Attach list of equipment providing a full description including the age of each unit, or complete table below:**

Date of mfg	Description of items to be insured including model & serial number	Replacement Cost	Actual Cash Value

13. Loss payee(s) – please provide details including mailing address(es):

Does the amount to be insured represent the applicants' entire equipment schedule?
If No, where is the rest insured:

Yes No

What is general condition of equipment?

Excellent Good Fair Poor

Are any trucks or equipment licensed?
If Yes, please list:

Yes No

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

For contact information visit:
www.markelinternational.ca