

UNDERWRITING AND RATING INFORMATION

9. How many contractors' equipment losses has the applicant incurred in the past three years? _____
Total incurred amount? \$ _____ Details: _____
10. Does the applicant perform/operate any mining, logging, rigging, salvage, scrap, recycling center, dredging, quarrying, landfill, underground operation, custom harvesting or lumberyard operation? Yes No
11. Are there any asphalt plants, cranes, conveyors or rock drills on the schedule of equipment? Yes No
12. Are there any scheduled vehicles licensed for over-the-road use? Yes No
13. Is any equipment mounted on barges or used on the water in any way? Yes No
14. Any work performed at nuclear facilities, chemical or petroleum plants? Yes No
15. Does the applicant sell, lease, loan or rent equipment to others? Yes No
16. How is the scheduled equipment stored after working hours?
 All scheduled equipment, after working hours, may at times not be in an area that is fully fenced and locked or in a locked building.
 All scheduled equipment, after working hours, is stored in an area that is fully fenced and locked.
 All scheduled equipment, after working hours, is stored in a locked building.
17. Is all equipment equipped with a GPS system? Yes No
18. Prior carrier: _____ Policy term _____ to _____ Premium \$ _____
19. Loss payee: _____

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: _____ Title: _____
(Principal, Partner or Officer)

Print name: _____ Date: _____

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: _____ Agent's signature: _____
(Required in Prince Edward Island and Saskatchewan)