

CHESTERFIELD CANADA INC. CONTRACTORS EQUIPMENT PROPOSAL FORM

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".

Applicant Information

1	Type of coverage required: Contractor's Equipment? <input type="checkbox"/>	Logging Equipment? <input type="checkbox"/>
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2	Applicant: Doing business as: Address:		
	State:	ZIP:	
	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:
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4	Description of operations:
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5	General areas of operation, topography:
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6	Purpose(s) for which equipment is used:

7	Is equipment operated in areas subject to muskeg or ice? Yes <input type="checkbox"/> No <input type="checkbox"/>
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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 <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, estimate maximum value any one time:	USD	
	d) Is equipment in open?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, estimate maximum value any one time:	USD	
	e) If equipment is in open, is area fully enclosed by a fence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	f) Does applicant do any work in mountainous areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	g) Does applicant do any dynamiting/work at job sites where others might do dynamiting work? Yes <input type="checkbox"/> No <input type="checkbox"/>		

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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: USD

Present Rate/Premium:

Expiration Date: (DD/MM/YYYY)

Limits:

10 Date from which insurance cover required: (DD/MM/YYYY)

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:

Policy Year	Total Sum Insured at inception	Insurer	Number of losses	Loss Description	Amount Outstanding USD	Amount Paid USD
	CAD					
	CAD					
	CAD					
	CAD					
	CAD					

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 rented 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 In respect of equipment used in woodland and / or for processing wood products, can you confirm that:

A) The engine compartment, brake, fuel and oil tank compartments of all insured equipment will be steam cleaned at least once a month?

B) You have instructed your operators **IN WRITING** that

1) At frequent intervals during the working day and at the end of the working day the engine compartments and the area between the engine compartments and the protective belly pans of all insured equipment are to be cleaned, removing trash, fuel, and lubricant accumulation?

AND 2) At the end of the working day all the insured equipment if left on site will be at least 50 feet away from other equipment?

AND 3) An operator will remain with the insured equipment for at least 45 minutes after use, until such equipment is cool.

Yes
No

Yes
No

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 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

19 Total Sums Insured (TSI) of all listed equipment: USD
Preferred Deductible: USD

20 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:

Please complete below the list of units for which you require insurance.

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New Venture (ANSWERS 21 TO 29 to be completed only if a new venture)

21 Effective date of new venture: (DD/MM/YYYY)

22 What is your experience with similar equipment?

23 Who did you previously work for? For how long?

24 What area did you work in?

25 What equipment did you operate?

26 How many accidents or losses were you involved in during the past 5 years?
Describe the circumstances of the accidents or losses:

27 With whom do you have a logging contract?

28 Who is financing the new venture?

29 Do you expect to increase the number of your units within 1 year? Yes / No If yes, how many?

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:**

POSITION: