



**Anderson
McTague
& ASSOCIATES**

Extra Strength Underwriting.

154 Prince William St.
PO Box 1500
Saint John NB, E2L 4K3
Canada

Woodlands Equipment

Agency/Broker:			
Name of Applicant:			
Street:		Phone:	
Town:	Province:	Postal Code:	
Policy Term:			
Shareholders and Titles:			
Total # of Employees:			
Description of Operations:		Number of Years in Business:	
Logging Site/Be specific:			
On Site Since:			
If any equipment is not used solely in connection with logging or lumbering operations, please give full details:			
Is equipment operated in areas subject to Muskeg or Ice? Yes No Is coverage required? Yes No			
Replacement cost required Yes No <i>This coverage is only available to units that are 3 years old or less</i>			
Loss of use applicable Yes No			
Is there any contemplated Waterborne Exposure? Yes No If yes, give full details:			
Are you presently working under a Contract or Employer? Yes No			
Please advise name of contract or employer. If under contract expiry date of same:			
Is equipment laid up in accordance with manufacturer's specifications? Yes No			
Normal period when no logging operations are conducted:			
Where is the equipment kept when not in use? If kept in storage facility please provide details:			

What system exists to prevent loss at the site where equipment is kept?

If the equipment is kept in the open when not in use, is the area fully enclosed by a fence? Yes No

Will the equipment be hired out? Yes No Is yes, is the equipment operated solely by employees of the applicant? Yes No

How often is the equipment serviced and by whom?

Is the equipment listed on the schedule the only logging equipment owned and operated by the applicant?
Yes No

If not, explain why coverage is not required on those items:

Has this form of insurance, or any other similar insurance ever been cancelled or declined by any insurer?
Yes No

If Yes, state by whom: _____

Why: _____

Has the applicant sustained any losses during the past five years? Yes No

Date: _____ Amount: _____ Type of Loss: _____

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Was Insurance carried? Yes No

If Yes, state name of Insurer and policy #: _____

Previous Insured Policy No.: _____

OPERATORS:

Name: _____ Experience: _____

Name: _____ Experience: _____

Name: _____ Experience: _____

Name: _____ Experience: _____

Can you confirm that no one item has a mortgage of more than 65% of its current actual cash value?

Yes No

Alternatively list the mortgage amount for any item where the mortgage exceeds 65% of the current cash value:

Neither the Insured's nor the Insurer's signature is binding however, if this application is accepted by both parties, it will form a part of the policy and any loss settlement will be based on the attached Mobile Equipment statement of values.

The Insured is under obligation to advise, as quickly as possible, the Insurer of any change in the conditions described.

The Applicant hereby declares that the statements and particulars are true and that the Applicant has not

suppressed or mis-stated any material facts and further the Applicant agrees that should a policy be issued then this application form shall be the basis of the contract with the Insurer.

Signature of Applicant: _____ Date: _____

Position Held in Company: _____

Questions to be Answered by he Broker/Agent

Do you know the Applicant personally? Yes No If yes, for how long? _____

Did you receive the order direct from the Applicant? Yes No

Do you handle other insurance for the Applicant? Yes No

Do you recommend this risk in every respect? Yes No

Is this risk a renewal to your Agency? Yes No

Signature of Broker/Agent: _____ Date: _____

MOBILE EQUIPMENT STATEMENT OF VALUES

Please complete all applicable information for each unit. Use additional pages as needed.

	ITEM No.	ITEM No.
Type	_____	_____
Year Built	_____	_____
Manufacturer	_____	_____
Name or Model No.	_____	_____
Serial No.	_____	_____
Maintenance Schedule	_____	_____
Automatic Supression System	Yes No	Yes No
Manual Override	Yes No	Yes No
Volume of Tanks	_____	_____
Number of Nozzles	_____	_____
Number of Detectors	_____	_____
Next Service Date	_____	_____
Equipped with at least one ABC rated 20lb. fire extinguisher	Yes No	Yes No

USE:

Hours per day:	_____	_____
Days per week:	_____	_____
Months per year:	_____	_____
Purchase Price:	_____	_____
Replacement Cost:	_____	_____
Amount of Insurance:	_____	_____
Deductible:	_____	_____
Amount Financed:	_____	_____
Loss Payee:	_____	_____
Street:	_____	_____
City:	_____	_____

This policy is subject to a 90% co-insurance clause

It is a requirement of this policy that copies of Inspection Certificates be forwarded to the company in a regular and timely fashion as they pertain to the fire suppression system.

Date

Representative Signature

Applicant Signature