

## New Equipment Insurance Application

Application Date    /    /  
                                  day month year

Effective / Expiry Date    /    /  
    day month year

### General Information

|  |   |                      |   |
|--|---|----------------------|---|
| Legal Name   |   |                      |   |
| Operating Name   |   |                      |   |
| Contact Name(s)  |   |                      |   |
| Contact Info   | Phone (    ) -    -   | Mobile (    ) -    - | Fax (    ) -    -                             |
|  | Email   |                      | Website                                       |
| Mailing Address  |   |                      | PC  |
| Prime Area of Operations:  |   |                      |   |
| Description of Operations:   |   | Years in Business    | Years Experience                              |
| Do you double-shift any machine(s)?  | Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes: Indicate which |                      |   |
| Do you do any brush clearing or seismic work?  | Yes: <input type="checkbox"/> No: <input type="checkbox"/>                        |                      | If yes, Indicate percentage of receipts:    % |
| Claims History (last 5 years) & Corrective action taken: List all or provide loss run from previous company. | 1   | Date:                | Describe:                                     |
|  | 2   | Date:                | Describe:                                     |
|  | 3   | Date:                | Describe:                                     |
|  | 4   | Date:                | Describe:                                     |
| If none, indicate:   |   |                      | Amount paid: \$                               |
| Previously cancelled declined or non-renewed   | <input type="checkbox"/> Yes <input type="checkbox"/> No                          |                      | Describe                                      |
| Amount paid: \$  |   |                      |   |

### Operating Hazards

|   |  |                        |  |                                   |
|---|--|------------------------|--|-----------------------------------|
| Is your equipment subject to the following hazards?               | Transportation by water? Yes <input type="checkbox"/> No <input type="checkbox"/>  |                        | Describe:  |                                   |
|   | Ice and Muskeg?    Yes <input type="checkbox"/> No <input type="checkbox"/>        |                        | Describe:  |                                   |
|   | Other Unusual exposures? Yes <input type="checkbox"/> No <input type="checkbox"/>  |                        | Describe:  |                                   |
| Do you lease or loan your equipment to others?                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                           | If yes, with Operator? | Yes <input type="checkbox"/> No <input type="checkbox"/>   | Percentage of use by others:    % |
| If logging trucks are to be insured; please answer the following: | Type of roads: Dirt/Gravel <input type="checkbox"/> Paved <input type="checkbox"/> |                        | Average length of haul:    Dirt/Gravel    Paved  |                                   |
|   | Are trucks licensed or unlicensed?   |                        | Licensed (plates) <input type="checkbox"/> Unlicensed (no public roads) <input type="checkbox"/> |                                   |

### Maintenance and Loss Prevention

|   |  |                                  |
|---|--|----------------------------------|
| Do you inspect machines before every shift?                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |                                  |
| Are fluid levels checked before every shift?                | Yes <input type="checkbox"/> No <input type="checkbox"/> |                                  |
| Is debris cleaned from machines every shift?                | Yes <input type="checkbox"/> No <input type="checkbox"/> |                                  |
| Are maintenance logs kept by operators?                     | Yes <input type="checkbox"/> No <input type="checkbox"/> |                                  |
| How frequently are machines pressure washed                 |  | (Weekly, monthly?)               |
| How frequently are machines steam cleaned?                  |  | “                                |
| How frequently are hoses inspected for cracks and or leaks? |  | (Daily, Weekly)                  |
| Are oil changes done every 250 Hours?                       | Yes <input type="checkbox"/> No <input type="checkbox"/> | If not every 250, indicate when: |
| How often are machines overhauled?                          |  | (Annual, Semi, Other) Details:   |
| Are machines overhauled by employed mechanic(s) or dealer?  |  | Details:                         |
| Do you have dealer maintenance contracts on your machines?  | Yes <input type="checkbox"/> No <input type="checkbox"/> | If so, which ones?               |
| Do operators work alone on jobsite(s)?                      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Details:                         |
| Do operators have phones or radios to call for help?        | Yes <input type="checkbox"/> No <input type="checkbox"/> |                                  |
| What size fire extinguishers are machines equipped with?    |  | How many extinguishers?          |
| Are your machines equipped with a Fire Suppression Unit(s)? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Indicate which ones:             |

### Additional Coverage Options:

|  |  |            |
|--|--|------------|
| Tools and Spare Parts Coverage?                                | Yes <input type="checkbox"/> No <input type="checkbox"/> | Amount: \$ |
| Rental Reimbursement Coverage?                                 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Amount: \$ |
| Building(s) – Shop(s) – Contents Coverage (May need more info) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Amount: \$ |
| Motor truck cargo coverage? (For equipment only)               | Yes <input type="checkbox"/> No <input type="checkbox"/> | Amount: \$ |
| - Number of trips per year where you haul equipment of others? |  | Details:   |
| Do you have equipment or property insured elsewhere?           | Yes <input type="checkbox"/> No <input type="checkbox"/> | Details:   |
| Do you carry liability insurance?                              | Yes <input type="checkbox"/> No <input type="checkbox"/> | Details:   |
| Any other insurance carried or required?                       | Yes <input type="checkbox"/> No <input type="checkbox"/> | Details:   |



**Finning Insurance Services**  
 Phone: 1-888-FINNING 1-888-346-6464  
 Fax: 1-866-830-1160

**Comments/Remarks**

**Quote Required By:**    /    /

day month year

| Unit # | Year | Make | Model | Serial # | Value | Loss Payee |
|--------|------|------|-------|----------|-------|------------|
|--------|------|------|-------|----------|-------|------------|

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|       |                                   |                   |
|-------|-----------------------------------|-------------------|
| Name: | Date:    /    /<br>day month year | <b>Signature:</b> |
|-------|-----------------------------------|-------------------|

|                        |      |                  |
|------------------------|------|------------------|
| Submission Prepared By |      | Email:           |
| Phone:                 | Fax: | Direct:<br>Cell: |