

FIELD EQUIPMENT APPLICATION

BROKER INFORMATION

Name:	Partners Indemnity Insurance Brokers Ltd
Mailing Address:	10 Adelaide Street E, Suite 400, Toronto, ON M5C 1J3

APPLICANT'S INFORMATION

Applicant's Business Name:	
Mailing Address:	
Years in Business:	
Describe business operations:	

POLICY PERIOD REQUESTED

FROM			
<i>Both days 12:01 a.m. standard time at the location of the applicant</i>			

DESCRIPTION OF TRANSITS

Describe usual transit methods	<input type="checkbox"/> Rail <input type="checkbox"/> Ocean <input type="checkbox"/> Aircraft <input type="checkbox"/> Common Carrier <input type="checkbox"/> Own Vehicles <input type="checkbox"/> Hired Vessel <input type="checkbox"/> Owned Vessel
Describe usual ocean transits	<input type="checkbox"/> Containerized <input type="checkbox"/> On Pallets <input type="checkbox"/> Crated <input type="checkbox"/> Above Deck <input type="checkbox"/> Below Deck <input type="checkbox"/> RoRo <input type="checkbox"/> Bulk

GEOGRAPHICAL AREAS

Usual Countries shipped to/from via air or ocean:	
Estimated annual shipments	
Describe area(s) travelled to for land transits:	

OPERATORS

If Workboats, ROVs, AUVs, AMVs and similar equipment are included on the schedule of property to be insured please advise all operators' names, years of operating experience and details of any claims in the past 5 years.	
1.	
2.	
3.	

Minimum retained premium is \$1000.00 Policies falling under this threshold are fully earned which is 100% minimum and retained

COVERAGES and DEDUCTIBLES REQUESTED:

1.	Direct Physical Loss or Damage 1% minimum \$1,000
2.	Flood 2% or minimum \$25,000
3.	Earthquake 2% or minimum \$50,000.

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DETAILED LIST OF EQUIPMENT WITH VALUES: (A SEPARATE ITEMIZED LIST CAN BE ATTACHED TO APPLICATION)

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CLAIMS and EXPERIENCE:

Advise related work experience		
Any claims for field equipment in the past 5 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes please describe below:</i>		
Year	Description	Claim Amount

This application does not bind the applicant or the company to complete the insurance but is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned applicant declares that to the best of his/her knowledge the statements set forth in this application are true. The applicant further declares that if the information supplied on this application changes materially between the date of this application and the time when the policy is issued, the applicant will immediately notify the company of such change.

DATE	APPLICANT SIGNATURE	AGENT or BROKER SIGNATURE