



CONTRACTORS' EQUIPMENT FLOATER APPLICATION

Mark N/A where not applicable. Attach requested schedules instead of duplicating information.

REQUIRED ATTACHMENTS

Attach	Required when	Minimum content
<input type="checkbox"/> Equipment schedule (Excel preferred)	All submissions	Type, make/model, year, serial/VIN, value, valuation basis, ownership status, province/base, GPS/telematics, fire suppression or spark arrestor if applicable.
<input type="checkbox"/> 5-year carrier loss runs	All submissions	Include open claims, paid claims, theft attempts, and uninsured or below-deductible incidents.
<input type="checkbox"/> Rental/lease agreements	If equipment is rented/leased from others, or rented/loaned to others	Confirm physical damage responsibility, waiver/indemnity, certificates, additional insured status, and sub-rental controls.
<input type="checkbox"/> Appraisals	Any item over \$1,000,000 or any critical/high-hazard unit	Third party appraisals.
<input type="checkbox"/> OEM fire suppression details	Any item over \$1,000,000 or any critical/high-hazard unit	Fire detection/suppression details where available.

SECTION 1 - APPLICANT INFORMATION

1. Legal applicant's name: _____
2. Operating name (if different): _____
3. Mailing address: _____
4. Primary yard / operating address: _____
5. Applicant contact / phone / email: _____
6. Website: _____
7. Years in business: _____
 Related experience: _____
8. Employees/operators: _____
9. Current-year revenue: \$ _____
10. Next 12-month projected revenue: \$ _____

Operations / services performed	% Revenue
	_____ %
	_____ %
	_____ %
	_____ %
	_____ %



SECTION 2 - TERRITORY AND SPECIAL EXPOSURES

1. Revenue by territory

AB _____ % BC _____ % MB _____ % NB _____ %
 NL _____ % NS _____ % ON _____ % PE _____ %
 QC _____ % SK _____ % NT _____ % NU _____ %
 YT _____ % North of 55° _____ % Other _____ % Describe: _____

Maximum radius from primary location _____ km
 Remote / unprotected / camp work Yes No
 If Yes, percentage of work _____ %
 Ice roads, muskeg, swamp, bogs, or marshes Yes No
 Operations with proximity to water, bridges, docks, rivers, lakes, or marine terminals Yes No
 Please describe: _____
 Equipment operated on, loaded to, or transported by barge/ferry: Yes No
 Maximum value per waterborne shipment: \$ _____
 Common carriers used to transport equipment: Yes No
 If Yes, insured to declared value? Yes No

2. Check any high-hazard work performed by the applicant or materially involving scheduled equipment.

Logging / forestry Mining / quarry Underground mining
 Blasting Pipeline Oil sands / refinery / petrochemical
 Demolition Caisson work Marine / barge
 Crane / hoisting Heavy civil Drilling / HDD / tunneling
 Other high-hazard word: _____

SECTION 3 - VALUES, COVERAGES BASIS AND LIMITS REQUESTED

1. Value / limit item

Rented or leased from others - maximum value at one time \$ _____ Annual rentals spend: \$ _____
 Rented, leased, or loaned to others - maximum value out \$ _____ Annual rentals spend: \$ _____

If yes, please provide copy of rental agreement

Frequency equipment values are reviewed and updated? _____

Automatic acquisition: _____ Automatic acquisition limit: _____
 30 days 60 days 90 days Other: _____

2. Optional coverage

Rental reimbursement / loss of use _____ Limit / deductible / waiting period _____
 Overload _____
 Ice road / muskeg / swamp / soft ground _____
 Other: _____

SECTION 4 - ACCUMULATION, STORAGE, SECURITY AND MAINTENANCE

Primary storage location address: _____
 Max value at primary storage: \$ _____
 Max value at any one jobsite: \$ _____
 Overnight storage: Locked building Fenced yard



Jobsite Other: _____
 Yard controls: Gates Lighting CCTV Guard/patrol
 FireSmart/brush control
 Fleet left at jobsites overnight: _____ %
 Keys removed / access controlled: Yes No
 GPS / telematics on high-value or theft-target units: Yes No
 and/or anti-theft marking: Yes No
 Immobilizers / battery disconnects: Yes No
 Formal preventive maintenance program: Yes No
 Copy of program provided: Yes No
 Daily pre-use inspections and maintenance logs: Yes No
 Servicing by: In-house Dealer Third party Mixed
 Typical service interval: _____

SECTION 5 - CRANE EXPOSES

1. Cranes / hoisting equipment
 Regular crane use: Yes No
 Percentage of operation: _____ %

** Please provide Crane supplement if more than 20% of operations.*

SECTION 6 - LOSS HISTORY

1. Correction measures implemented post loss:

DECLARATION AND SIGNATURE

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.

The applicant declares that the information provided is true and complete to the best of their knowledge and authorizes the insurer, its reinsurers, and service providers to collect, use, and disclose information as required to underwrite, administer, and service this insurance, subject to applicable privacy law.

Authorized signatory name: _____

Title: _____

Date: _____

Applicant's signature: _____

Please send the completed, signed and dated application to underwriting@revau.com.