

Name of insured/applicant: _____
 Policy/reference number: _____ Broker name/location : _____

1. Describe products manufactured or processed at each insured location (attach separate sheet if necessary):

Location no.	Location no.	Location no.

2. What are days/hours of operation?

Location no.	Location no.	Location no.
Days:	Days:	Days:
Hours:	Hours:	Hours:
<input type="checkbox"/> Check here if 24/7 operation	<input type="checkbox"/> Check here if 24/7 operation	<input type="checkbox"/> Check here if 24/7 operation

3. Describe below all individual production machines with a replacement cost value of \$100,000 or higher (attach separate sheet if necessary). Identical machinery of the same type, use and value may be described on a single line:

Production Machine	Location no.	Location no.	Location no.
Quantity			
Continent of origin			
Is there a service centre in Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there critical spares?			
Is there surge, and or phase protection, on the machine, or main electrical?			
Description of machine(s):			
Customized specifically for insured operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Numerical controlled, automated or computerized? (if 'YES', specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age of machine(s):			
Replacement cost value:			
% of production (each machine):			
Estimated # of days for major repairs:			
Estimated # days for total replacement:			

4. Were production machines previously insured for equipment breakdown? ☐ Yes ☐ No

If 'YES', provide the name of the previous Insurer below:

5. Describe below any equipment breakdown losses in the past five (5) years (whether insured or not). Use a separate sheet if required:

Date of loss	Location/description	Amount

6. Is there a preventative maintenance program in place covering all production machines? ☐ Yes ☐ No

If 'YES', describe below:

7. Can production be completed by an independent contractor? ☐ Yes ☐ No

Completed by: _____ Position: _____ Date completed: _____