



10020 12th Ave North Battleford, SK S9A 3A4 PH: 1-866-979-2747 FX: 1-866-488-6122
info@oasisinsurance.ca

APPLICATION FOR EQUIPMENT

Name of Insured _____

Mailing address _____

Contact Person _____ Phone _____ Email _____

Location equipment is stored in off season

If stored in building

If stored in open

Address _____ Where _____

Construction _____ Stories _____ Fenced _____

Grade floor concrete, wood or dirt _____ Security _____

Heat _____ Fuel _____ Fire Fighting Equipment _____

Hydrant protected _____ Distance to Fire Hall _____ Volunteer _____

Alarm System _____ Monitored _____

Please attach copy of current policy declaration page

Claims (if any) in last 5 years _____

Is equipment used solely by Applicant for applicants operations _____ If NO, please advise if rented or leased to others used to _____

Is Daily Operator's Log Form completed _____ If yes, by whom _____

Do operators have Groomer Operators Certification _____ If yes, Level 1 or II _____

If equipment is not transported under its own power, specify method of transportation employed

Are maintenance and overhauls done on scheduled basis, and by whom _____

Schedule of equipment to be Insured including attachments

Item #	Year	Make	Model #	Purchase Price	Insured Value or RC	ACV

Applicant _____ Position _____ Date _____