TCIM
Trans Canada Insurance Marketing Inc.
www.tcim.ca

MB, SK, BC, NU, PQ	ON, NB, NS	AB
807-177 Lombard Avenue, Winnipeg, Manitoba, R3B 0W5 Ph: 204-925-8276 Fx: 204-925-8279	26 Kemano Road, Aurora, Ontario, C L4G 2Y3 Ph: 905-727-2042 Fax: 905-727-7154	82 Tucker Circle, Okotoks, Alberta T1S 2J7 Ph: 403-982-0200 Fax: 403-982-0201

EQUIPMENT BREAKDOWN INSURANCE APPLICATION

Please fully complete all questions. If not applicable, please answer as such rather than leaving blank.

Date Submitted:	Broker:
Applicant (including subsidiaries):	
Mailing Address:	
Applicant is: Owner _____ Tenant _____	Contact Person:
Tel:	Fax:
E-mail:	Web Page:
Risk Location:	

Boiler:

Do you have a boiler? Yes _____ No____ Is it for: Hot Water _____ Steam _____

Air Conditioning:

Do you have a central air conditioning system? Yes ___ No____

If yes what is the Horsepower_____or tons _____

Is there a maintenance contract in force? Yes ___ No____

Pressure Vessels:

Do you have a any other pressure vessels? Yes ___ No____

If yes are there any over 24 inches in diameter? Yes ___ No____

Consequential Loss:

How many cold rooms / cabinets are there?

What is the maximum amount stored in any one cold room / cabinet? $

Age of Cooler(s)? Date of Last Service:

Values:	Building	$
	Equipment	$
	Stock/Contents	$_____
	Total	$

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