



Contact Information:
<http://tcim.ca/our-people/>

EQUIPMENT BREAKDOWN INSURANCE

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 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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