UNDERWRITERS WILL RELY UPON EACH AND EVERY RESPONSE GIVEN IN THIS APPLICATION FORM AND ANY SUPPLEMENTARY APPLICATION FORM IN DECIDING WHETHER OR NOT TO INSURE THIS RISK AND IF SO AT WHAT PREMIUM, TERMS AND CONDITIONS. UNDERWRITERS REGARD EVERY RESPONSE TO BE MATERIAL TO THEIR DECISIONS. FAILING TO ANSWER OR ANSWERING ANY QUESTION BELOW INCORRECTLY COULD INVALIDATE ANY POLICY OF INSURANCE WRITTEN BY UNDERWRITERS FOR THIS RISK.

APPLICATION INFORMATION

NAME OF APPLICANT / ORGANIZATION TO BE INSURED _____

_____

ADDRESS OF APPLICANT _____

_____

AREA CODE: / PHONE NUMBER_____ _____

E-MAIL ADDRESS _____

WEBSITE ADDRESS _____

NUMBER OF YEARS IN BUSINESS? _____

IF LESS THAN 2 YEARS PLEASE GIVE DETAILS OF EXPERIENCE IN LOGGING INDUSTRY:

_____

_____

DESCRIPTION OF LOGGING OPERATIONS

COVERAGE TERRITORIES (STATES AND COUNTIES OPERATE IN)_____

_____

IS ANY LOGGING YOU DO CONDUCTED IN RESIDENTIAL AREAS? YES / NO

IF YES, WHAT PERCENTAGE OF LOGGING PAYROLL IS DERIVED FROM LOGGING IN RESIDENTIAL AREAS? PLEASE STATE NATURE OF THE WORK AND ALL THE LOSS PREVENTION MEASURES TAKEN TO PREVENT LOSS.

_____

_____

DO YOU ENGAGE IN SLASH BURNING? YES / NO
IF YES, WHAT CONTROLS AND SAFEGUARDS ARE APPLIED? _____

_____

WHAT PRECAUTIONS DO YOU TAKE TO PREVENT TRESPASSING ON TO OTHERS LAND?

_____

_____

DO YOU ENGAGE IN ANY MANUFACTURING OPERATIONS? YES / NO
IF YES, STATE NATURE OF OPERATIONS AND APPLICABLE RECEIPTS _____

_____

SUBCONTRACTORS

DO YOU SUBCONTRACT ANY OF YOUR LOGGING AND ANCILLARY WORK OR OPERATIONS TO ANY THIRD PARTIES? YES / NO
IF NO PLEASE GO TO THE NEXT SECTION

DO YOU ONLY SUBCONTRACT TO THIRD PARTIES CARRYING LOGGERS BROAD FORM COVERAGE AND COMMERCIAL GENERAL LIABILITY? YES / NO

WHAT ARE THE MINIMUM LIMITS THAT YOU REQUIRE SUBCONTRACTORS TO CARRY IN RESPECT OF a) LOGGERS BROAD FORM COVERAGE AND b) COMMERCIAL GENERAL LIABILITY?

_____

IF YOU REQUIRE THAT ALL YOUR SUBCONTRACTORS HAVE a) LOGGERS BROAD FORM COVERAGE AND b) COMMERCIAL GENERAL LIABILITY ARE YOU NAMED AS AN ADDITIONAL ASSURED? YES / NO

DO YOU OBTAIN EVIDENCE OF SUCH COVERAGES? YES / NO

LOSS HISTORY

HAVE YOU SUSTAINED ANY LOSSES, INSURED OR UNINSURED, WHICH WOULD HAVE BEEN COVERED UNDER THIS FORM OF INSURANCE HAD YOU CARRIED SUCH A POLICY?
YES / NO
IF YES, STATE FULLY THL DETAILS OF ALL SUCH LOSSES INCLUDING CIRCUMSTANCES, DATES AND AMOUNTS: _____

_____ _____

HAVE THERE BEEN ANY FIRES OR CLAIMS MADE FOR FIRES OCCURING IN THE LAST 10 YEARS ON LAND WHILE YOU WERE WORKING ON THAT LAND? YES / NO

IF YES, PLEASE PROVIDE FULL DETAILS: _____ _____

_____

CANCELLATION

HAVE YOU EVER HAD A LIABILITY INSURANCE POLICY CANCELLED, DECLINED, NON-RENEWED OR HAS ANY CARRIER POSED ANY SPECIAL TERMS? YES / NO

IF YES, PLEASE STATE REASONS FOR CANCELLATION OR NON-RENEWAL OR SPECIAL TERMS:

_____ _____

OTHER INSURANCE

DO YOU HAVE COMMERCIAL GENERAL LIABILITY COVERAGE? YES / NO
IF YES, STATE THE:
a) CURRENT LIMITS_____

b) IDENTITY OF CARRIER _____

c) POLICY TERM _____

DO YOU REQUIRE COVERAGE FOR OREGON FIRE SUPPRESION COSTS? YES / NO

ARE YOU PARTY TO A U.S. FOREST SERVICES TIMBER SALES CONTRACT AND DOES IT IMPOSE LIABILITY ON YOU FOR FIRE FIGHTING EXPENSES? YES / NO
IF YES, DO YOU WISH TO INCLUDE THIS? YES / NO

DO YOU REQUIRE COVERAGE FOR ADDITIONAL INSUREDS? YES / NO
IF YES, PLEASE PROVIDE IDENTITY OF A.I. AND THE NATURE OF THEIR WORK _____

_____ _____

DO YOU HOLD ANY HOLD HARMLESS AGREEMENTS? YES / NO
IF YES, PLEASE PROVIDE DETAILS OF HOLD-HARMLESS AGREEMENTS. (PLEASE INCLUDE COPIES OF CONTRACTS AND HOLD-HARMLESS AGREEMENTS)

POLICY COVERAGE INFORMATION

WHAT LIMIT WOULD YOU LIKE?

$1MIL/$1MIL $1MIL/$2MIL

WHAT DEDUCTIBLE (OTHER THAN AUTO) WOULD YOU LIKE?

$2,500 $5,000 OTHER_____

PLEASE PROVIDE ESTIMATES FOR THE NEXT 12 MONTHS FOR THE FOLLOWING:

REVENUE: _____

PAYROLL: _____

PROPOSED EFFECTIVE DATE AND EXPIRY DATE: _____

NOTE: A MATERIAL FACT IS ONE LIKELY TO INFLUENCE ASSESSMENT AND ACCEPTANCE OF THE RISK, THE PREMIUM CHARGED AND THE TERMS AND CONDITIONS IMPOSED BY UNDERWRITERS. IF YOU ARE IN ANY DOUBT AS TO WHETHER A FACT IS A MATERIAL FACT YOU SHOULD DECLARE IT. ALL INFORMATION REQUESTED IN THIS APPLICATION FORM AND ANY SUPPLEMENTARY APPLICATION IS MATERIAL.

I/WE HEREBY DECLARE THAT THE ANSWERS, DECLARATIONS, STATEMENTS AND PARTICULARS GIVEN ABOVE AND IN ANY SUPPLEMENTARY APPLICATION FORM ARE TRUE AND THAT I/WE WARRENT THAT NO MATERIAL FACT HAS BEEN WITHHELD OR MIS-STATED AND AGREE THAT SHOULD A POLICY BE WRITTEN THEN THE APPLICATIONS FORM(S) WILL FORM THE BASIS OF THE CONTRACT WITH UNDERWRITERS AND BE ATTACHED TO AND FORM A PART OF THE POLICY ISSUED. I/WE FURTHER UNDERSTAND THAT THE UNDERWRITERS MAY DECLARE ANY POLICY WRITTEN VOID IN THE EVENT OF ANY FALSE STATMENT, MISREPRESENTATION, OMISSION, OR CONCEALMENT IN THE APPLICATION FORM(S).

SIGNITURE OF APPLICANT AND DATE_____

POSITION OF APPLICANT IN FIRM_____

SIGNITURE OF BROKER/AGENT AND DATE_____

ADDRESS OF BROKER/AGENT_____

ALL QUESTIONS MUST BE ANSWERED AND FULL DETAILS PROVIDED WHERE REQUIRED.
THE APPLICATION MUST BE SIGNED AND DATED.