

LOGGING EQUIPMENT CONTRACTOR INSURANCE APPLICATION			
Brokerage:			
Policy Term:		Application Date:	
Applicant:			
Address:			
City:		Province:	
Postal Code:		Telephone:	
Shareholders & Titles:			
Loss History – Last 5 Yrs, including: Date of Loss – Type of Loss – \$ Amount – Unit involved –			
Incumbent Carrier:		Policy #:	
Incumbent Broker:			
Logging Site(s):			
Exposed to ice and muskeg?		Muskeg coverage required?	
Rental Reimbursement Required? NOTE: Limit \$1,000 Daily. Maximum \$20,000 Annual Aggregate for all Policy Losses.			
Operators: List all, including years of operating experience: (eqp. with unlisted operators & less than 5 yrs. experience not covered unless approved by insurer)		Prior 5-year loss history for all operators listed:	
Normal period when operations are shutdown:			
Storage site during this period			
What protection exists to prevent insured loss at storage site?		When stored, is Equipment laid up to proper manufacturer specs?	

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Applicant's current Employer, or Contract with?		
# Years applicant has been in business?		
Type of operating license –		
	Since:	
	Expiry Date:	
	Yes	No
Any Barging or Waterborne exposures to equipment?		
Has all the equipment owned by the insured been listed?		
Is the equipment cleared of debris after every shift (max. 12 hrs)?		
Is there a licensed mechanic on staff?		
Is all equipment (including fire protection) checked for operational integrity after each shift (max. 12 hrs)?		
Is the equipment pressure washed every 250 hours?		
Are service records kept, and available upon request?		
Is there a master electrical switch on all equipment?		
If manual, when is it shut off?		
How often is the equipment serviced?		
Has this type of insurance or any other similar insurance, ever been cancelled,declined or not renewed by any other insurance company? If yes please provide detail.		
Please sign to acknowledge that the information is an accurate and truthful reflection of your business to the best of your knowledge.		
Applicant	Witness	Date
If the applicant falsely describes the property to the prejudice of the insurer, or misrepresents or fraudulently omits to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge the risk to be undertaken, the contract is void as to any property in relation to which the misrepresentation or omission is material.		

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Insured Name :

Equipment Schedule

Item	Year	Make	Type	Model	S/N	Use/ hours per day/ days per week	Value	Loss Payee	FSS and/or Extinguishers (Min 2- 10lb)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									

LOGGING EQUIPMENT CONTRACTOR INSURANCE APPLICATION LIABILITY SECTION		
	Yes/No	If "Yes," provide full details
Do you allow anyone other than your own employees to operate your equipment?		
Do you, or will you, loan or rent your equipment or unlicensed trucks to others without operators?		
Do you own a sawmill?		
Do you do any tree removal in suburban areas?		
Do you apply pesticides or herbicides either directly or sublet?		
Do you conduct slash burning operations either directly or sublet?		
Do you do any blasting either directly or sublet to others?		
Do you spread salt or sand on, or remove snow from any roads or property used by others, including logging roads, public roads/ highways or public/private property?		
Do you have any sidetrack agreements or other agreements with railroads?		
Do you perform any off-premises welding for others?		
Have you filed for bankruptcy in the past five years?		
Have you had equipment repossessed in the past five years?		
Do you carry pollution liability insurance?		

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Yes / No					
Do you own any above ground fuel tanks?		# of tanks		Year installed	
Cathodic Protection?		Date last checked		#Gallons	
Do you own any underground fuel tanks?		# of tanks		Year installed	
Cathodic Protection?		Date last checked		#Gallons	
Do you own any portable fuel tanks?		# of tanks		Age of tank	
Cathodic Protection?		Date last checked		#Gallons	
Do you hire independent truckers for hauling or do any of your employees use their own vehicles for Company Business?		If 'Yes', Certificates of Insurance must be (and are) obtained from those operators, with minimum limits of \$2,000,000 in Canada and \$5,000,000 in USA.			
Give a complete description of your operations as it pertains to the coverage requested in this application.					
What was your gross revenue for the last 12 months?		Provide details of sublet work			
What is your anticipated revenue for the next 12 months?					
What were your gross sublet costs for the last 12 months?					
Liability Limit Required:		Forest Fire Fighting Expense Limit Required:			
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Applicant		Witness		Date	
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Insured's Name:

Building and Contents Schedule

Item	Building Name	Size (Sq.Ft.)	Location	Construction Type / Fire Protection*	Building Use	Year Built	Type of Heating Installed	# Amps Electrical	Contents Value	Building Value
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

* One of the following must be selected:

- Protected
- Firehall Protected
- Unprotected