

LOGGING EQUIPMENT PROPOSAL FORM

1. Name of Applicant _____
2. Address _____
3. Number of Years in Business _____
4. Description of Operations _____
5. General areas of operation, topography _____
6. If any equipment is not used solely in connection with logging or lumbering operations, please give full details:

7. Is there any contemplated waterborne exposure? Yes No
If Yes, please give full details.

8. Is equipment operated in areas subject to Muskeg or Ice? Yes No
If Yes, please give full details.

9. Advise
 - (a) Months or periods when equipment is not normally operating

 - (b) Location to which equipment is returned when not in use

 - (c) Is equipment housed? If so, estimate maximum value any one time
\$ _____
 - (d) Is equipment in open? If so, estimate maximum value any one time
\$ _____
 - (e) If equipment is in open is area fully enclosed by fence?

10. Has this form of insurance, or any other similar insurance ever been cancelled or declined by any Company or Lloyd's? Yes No
 If Yes, State:
- (a) By Whom? _____
- (b) Why? _____
11. What is the name of the insurance company providing coverage on the expiring policy year?

12. Has the applicant sustained any losses during the past five years that would have been covered under this form of insurance if the applicant had carried such a policy? Yes No
13. If so state when such losses occurred: _____
14. Was insurance carried? Yes No
15. If so, state agency insuring same _____
16. State fully circumstances and amount of loss or losses

17. Who has previously insured the applicant's equipment?

18. Condition of equipment? _____
19. Has any of the scheduled equipment had any modifications that would be outside the manufacturer's recommendations? Yes No
20. (a) Do the equipment operators conduct a basic maintenance check of the machine at the beginning and end of each shift? Yes No
- (b) If yes, please provide full details of the operator's maintenance checks

- (c) Is a daily Log Book kept of the operator's maintenance checks? Yes No
- (d) What procedure is the operator required to follow if they notice a deficiency during their maintenance checks?

21. Does the insured maintain their own heavy equipment mechanics and/or repair shop? Yes No
22. Is the scheduled equipment given major maintenance checks in accordance with the manufacturer's specifications? Yes No
23. Is each item of harvesting or processing equipment equipped with at least one ABC rated fire extinguisher of the following size and type:
- (a) 20 lb dry powder fire extinguisher (or 2 x 10 lb)? Yes No
- Does other equipment and logging trucks carry at least one 10 lb portable extinguisher or two 5 lb portable extinguishers? Yes No
24. (a) Will any equipment be hired out? Yes No
- (b) If so, is the equipment operated solely by employees of the applicant? Yes No
25. How often is equipment serviced and by whom?

26. Is there any other material fact, within your knowledge, regarding this proposal of insurance, which should be submitted to the Insurers for consideration?

27.

Model/Year & Trade Name	Type of Unit	Model No. Serial No.	Date of Purchase	Original Cost New	Actual Cash Value

28. Is the equipment listed in number 27 above the only logging equipment owned and operated by the applicant? Yes No
- If not, please give full details of all such other items of equipment and explain why coverage is not required on those items
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29. Deductible desired? _____

30. Can you confirm that no one item of equipment has a mortgage of more than 75% of its current actual cash value? Yes No

Alternatively, list the mortgage amount for any item where the mortgage exceeds 75% of the current actual cash value

I/WE HEREBY DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I/WE HAVE NOT SUPPRESSED OR MIS-STATED ANY MATERIAL FACTS AND I/WE AGREE THAT SHOULD A POLICY BE ISSUED THEN THIS PROPOSAL FORM SHALL BE THE BASIS OF THE CONTRACT WITH UNDERWRITERS.

DATE _____ SIGNATURE OF APPLICANT: _____

POSITION HELD IN COMPANY: _____