

# FORESTRY LIABILITY APPLICATION

## 1. General Information

### Insured details

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Post code: \_\_\_\_\_

Telephone no: \_\_\_\_\_ Email address: \_\_\_\_\_

Risk Location Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Post code: \_\_\_\_\_

Telephone no: \_\_\_\_\_

Name of Principal(s): \_\_\_\_\_

Website Address (if applicable): \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_

### Agent / Broker Details

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ City &amp; Postal code: \_\_\_\_\_

## 2. Coverage Requirements

Desired Effective Date \_\_\_\_\_

Limit of Liability Insurance required: \_\_\_\_\_

Limit of Forest Fire Fighting Expense Insurance required: \_\_\_\_\_

Deductibles required: \_\_\_\_\_

Current Premium: \_\_\_\_\_

Target Premium (if known): \_\_\_\_\_

## 3. Past Insurances

Previous Insurer: \_\_\_\_\_

Has any Insurer cancelled, declined, or refused you coverage? Yes No

If yes, please provide details: \_\_\_\_\_

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied:

#### 4. Underwriting Information

Type of Operations (check all if applicable):

Logging

Road Maintenance

Silviculture

Hauling

Road Construction

Mill Yard

Other (please specify): \_\_\_\_\_

Logging Operations Breakdown:

\_\_\_\_\_ % Falling & Processing \_\_\_\_\_ % Skidding \_\_\_\_\_ % Landing Work (Loading/Processing) \_\_\_\_\_ % Cleaning

\_\_\_\_\_ % Other (details) \_\_\_\_\_

Prime Area of Operations:

Southern BC (excluding Vancouver Island)

Northern BC

Southern Alberta

Northern Alberta

Yukon

Northwest Territories

Other (please specify): \_\_\_\_\_

Do you have any professionals on staff? Yes No

If yes, please provide the Registered Professional Forester or Forestry Engineer numbers: \_\_\_\_\_

Do you perform any blasting operations? Yes No

If yes, please provide full details: \_\_\_\_\_

Do you perform any slash burning or other burning operations? Yes No

If yes, please provide full details with control measures: \_\_\_\_\_

Do you perform any welding operations? Yes No

If yes, please provide full details: \_\_\_\_\_

Do you operate unlicensed logging, dump, gravel or other trucks/vehicles? Yes No

If yes, please attach schedule. \_\_\_\_\_

Do you operate any booming or sorting grounds? Yes No

If yes, wet or dry? \_\_\_\_\_ # of booms: \_\_\_\_\_

Do you have any private roads? Yes No

If yes, where? \_\_\_\_\_

Have there been any changes to your operations in the last 5 years or anticipated changes within the next year? Yes No

If yes, please provide full details. \_\_\_\_\_

Are all mobile machines equipped with spark arrestors? Yes No

Are all mobile machines equipped with Fire Suppression Equipment? Yes No

Do you have a written smoking policy? Yes No

Do you have designated smoking areas? Yes No

Total annual gross receipts (including sublet and/or flow through, if any): \_\_\_\_\_

Annual Payroll: \_\_\_\_\_

Sublet and/or flow through expenditures:

Falling      Skidding      Landing Work      Clearing      Hauling      Other: \_\_\_\_\_

Total value of all your equipment: \_\_\_\_\_

Please attach a schedule of all equipment.

Do you have any subcontractors that work exclusively for you and for which you are responsible for arranging insurance?      Yes      No

If yes, please provide full details \_\_\_\_\_

Do you obtain insurance certification from all subcontractors?      Yes      No

Are all employees and subcontractors covered by WBC?      Yes      No

Do you have any hold-harmless agreements in place with third parties?      Yes      No

If yes, please provide full details \_\_\_\_\_

### Declaration

I/We declare that answers and statements made in this document are correct.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Full Name \_\_\_\_\_ Title/Position in Company \_\_\_\_\_