

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 & 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 _____