

## 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?                      Yes                      No
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? \_\_\_\_\_
13. If so state when such losses occurred: \_\_\_\_\_
14. Was insurance carried? \_\_\_\_\_

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?  
\_\_\_\_\_
20. (A) Do the equipment operators conduct a basic maintenance check of the machine at the beginning and end of each shift?  
\_\_\_\_\_  
(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? \_\_\_\_\_  
\_\_\_\_\_
22. Is the scheduled equipment given major maintenance checks in accordance with the manufacturer's specifications?  
\_\_\_\_\_
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)? \_\_\_\_\_  
(B) Does other equipment and logging trucks carry at least one 10 lb portable extinguisher or two 5 lb portable extinguishers?  
\_\_\_\_\_
24. Will any equipment be hired out?                      Yes                      No                      If so, is the equipment operated solely by employees of the applicant?  
\_\_\_\_\_
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? \_\_\_\_\_

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

27. Is the equipment listed in the table above the only logging equipment owned and operated by the applicant? Yes No  
 If no, please give full details of all such other items of equipment and explain why coverage is not required on those items:

\_\_\_\_\_

\_\_\_\_\_

28. Deductible desired? \_\_\_\_\_

29. 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_:

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

I/we hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld or modified any material facts. I/we agree that should a policy be issued, this form shall be the basis of the contract, and that any change in the pattern of my/our trade or trade practices shall be advised to the Underwriters who may at their discretion, vary the terms and conditions of the contract

## CLAIMS / LOSS HISTORY WARRANTY

I/We \_\_\_\_\_ owner(s)  
 of the business \_\_\_\_\_  
 operating in the Province of \_\_\_\_\_ and in the Country of Canada;  
 hereby understand, agree and warrant that the loss/claims history provided in the above application is correct including the involvement of myself /ourselves in any commercial limited companies or private ventures, and is the complete and detailed loss history of all losses (paid or unpaid) occurring in the last five (5) years.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Position held in company: \_\_\_\_\_

## QUESTIONS TO BE ANSWERED BY BROKER

1. Do you know the Applicant personally?: \_\_\_\_\_  
If so, for how long? \_\_\_\_\_
2. Did you receive the order direct from the Applicant? \_\_\_\_\_
3. Do you handle other insurance for the Applicant? \_\_\_\_\_
4. Do you recommend this risk in every respect? \_\_\_\_\_
5. Is this risk a renewal to your Agency? \_\_\_\_\_
6. If so, how long have you placed insurance on this risk? \_\_\_\_\_

Signature of Broker: \_\_\_\_\_

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

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