

Agile Underwriting Solutions

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Application for Woodchuck Insurance Packages

Applicant Information 1. Name of applicant: ______ 2. Name of principal(s): 3. Address of applicant: 4. Number of years in business: 5. Years of experience: ______ 6. General area of operation: 7. Is there any USA exposure? Yes No 🗌 8. If yes, percentage: _____ 9. Description of operation: 10. Total estimated annual billings: 11. Is operation full time or part? 12. Number of employees: 13. Are employees covered by workers compensation? Yes No 14. Does applicant have insurance now? Yes 🗌 No 🗌 15. If yes, provide company name, policy number and expiry date: ________ 16. Has this form of insurance, or any other similar insurance ever been cancelled or declined by any company or Lloyds? Yes 🗌 No 17. If yes, please provide full details:

| 18. | Was insurance carried? Yes No |
|-----|--|
| 19. | Has the application suffered any losses during the past 5 years which would have been covered under this form of insurance if the applicant carried such a policy? Yes No |
| 20. | If yes, please provide full details: |
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| | Equipment/Operation Details |
| 21. | Does insured clear land? Yes No No |
| 22. | Does insured do any burning of land? Yes No No |
| 23. | Does the insured operate a portable sawmill as a stationary sawmill business? Yes No No |
| 24. | Does the insured do any tree falling? Yes No No |
| 25. | If yes, on owned or non-owned property? |
| | |
| 26. | If any equipment is not used solely in connection with logging or lumbering operations, please give full |
| | details in remarks section of application |
| | |
| 27. | Is there any contemplated waterborne exposure? Yes No No |
| 28. | If yes, please give full details |
| 29. | Please answer the following: |
| | . Months of period when equipment is not normally operating Location to which equipment is returned when not in use |
| n | i ocanon lo wnich eduloment is returned when not in USA |

| d. Is equipment open? If so, estimate maximum value any one time e. If equipment is open, is area fully enclosed by fence? Yes No No Yes No No No No No No No No No N | C. | Is equipment housed | ir ii so, estiillate i | | | | |
|--|---|---|---|--------------------------|-------------------|----------------------|----------------------|
| f. Is maintenance log kept for each piece of equipment? Yes No g. How many hours will the equipment be run at a time 30. Condition of equipment: 31. Has any of the scheduled equipment had any modifications that would be outside the manufacturer's recommendations? 32. Is each item of heavy equipment equipped with at least one ABC rated fire extinguisher of the following s and type? 33. Will the equipment be hired out? Yes No No 34. If so, is the equipment operated solely by employees of the applicant? Yes No No 35. How often is the equipment serviced and by whom? 36. Please fill in the information below: Year/Make/Model Type of Unit Serial Number Date Original Cost New Value 37. Is the equipment listed above, the only logging equipment owned and operated by the applicant? Yes No 38. If not, please provide full details of all such other items of equipment and explain why coverage is not | d. | . Is equipment open? | If so, estimate ma | aximum value any | one time | | |
| g. How many hours will the equipment be run at a time 30. Condition of equipment: 31. Has any of the scheduled equipment had any modifications that would be outside the manufacturer's recommendations? 32. Is each item of heavy equipment equipped with at least one ABC rated fire extinguisher of the following s and type? 33. Will the equipment be hired out? 34. If so, is the equipment operated solely by employees of the applicant? 35. How often is the equipment serviced and by whom? 36. Please fill in the information below: Year/Make/Model Type of Unit Serial Purchase Original Cost Actual Car | e. | . If equipment is open | , is area fully encl | losed by fence? | Yes N | o 🗌 | |
| 30. Condition of equipment: 31. Has any of the scheduled equipment had any modifications that would be outside the manufacturer's recommendations? 32. Is each item of heavy equipment equipped with at least one ABC rated fire extinguisher of the following s and type? 20 lb dry powder fire extinguisher 9 lb Halon fire extinguisher 33. Will the equipment be hired out? Yes | f. | Is maintenance log ke | ept for each piece | e of equipment? | Yes N | o 🗌 | |
| 31. Has any of the scheduled equipment had any modifications that would be outside the manufacturer's recommendations? 32. Is each item of heavy equipment equipped with at least one ABC rated fire extinguisher of the following s and type? 20 lb dry powder fire extinguisher 31. Will the equipment be hired out? Yes | g. | . How many hours will | the equipment be | e run at a time | | | _ |
| 32. Is each item of heavy equipment equipped with at least one ABC rated fire extinguisher of the following sand type? 20 lb dry powder fire extinguisher 9 lb Halon fire extinguisher 33. Will the equipment be hired out? Yes | 30. | Condition of equipme | ent: | | | | |
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| 34. If so, is the equipment operated solely by employees of the applicant? Yes | | and type? □ 20 lb dry po □ 9 lb Halon fi | wder fire extingui ire extinguisher | | one / Do rated in | io oxungaionoi oi t | 16116Willig 612 |
| Yes No No Solution No No Solution Note is the equipment serviced and by whom? 36. Please fill in the information below: Year/Make/Model Type of Unit Serial Purchase Original Cost Actual Cast Number Date New Value | 33. | | | | | | |
| 35. How often is the equipment serviced and by whom? 36. Please fill in the information below: Year/Make/Model Type of Unit Serial Purchase Original Cost Actual Cast Number Date New Value | 33. | | | | | | |
| 36. Please fill in the information below: Year/Make/Model Type of Unit Serial Purchase Original Cost Actual Cast Number Date New Value | | Yes No | | v by employees of | the applicant? | | |
| Year/Make/Model Type of Unit Serial Purchase Date New Value Serial Number Purchase Date New Value | | Yes No | | \prime by employees of | the applicant? | | |
| Year/Make/Model Type of Unit Serial Purchase Date New Value Serial Number Purchase Date New Value | 34. | Yes No If so, is the equipmer Yes No | nt operated solely | | | | |
| 37. Is the equipment listed above, the only logging equipment owned and operated by the applicant? Yes No Solution No Solutio | 34. 35. | Yes No If so, is the equipmer Yes No How often is the equ | nt operated solely | | | | |
| Yes No No Same | 34. 35. | Yes No If so, is the equipmer Yes No How often is the equipmer No | nt operated solely ipment serviced a | and by whom? | Purchase | Original Cost | Actual Cash |
| Yes No No Same | 34. 35. | Yes No If so, is the equipmer Yes No How often is the equipmer No | nt operated solely ipment serviced a | and by whom? | Purchase | Original Cost | Actual Cash |
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| 38. If not, please provide full details of all such other items of equipment and explain why coverage is not required for those items: | 34. 35. | Yes No If so, is the equipmer Yes No How often is the equipmer No | nt operated solely ipment serviced a | and by whom? | Purchase | Original Cost | Actual Cash |
| | 34. 35. 36. | Yes No If so, is the equipmer Yes No How often is the equ Please fill in the infor Year/Make/Model Is the equipment lister | ipment serviced a | Serial Number | Purchase Date | Original Cost New | Actual Cash Value |
| | 34.35.36.37.38. | Yes No If so, is the equipmer Yes No How often is the equ Please fill in the infor Year/Make/Model Is the equipment lister Yes No If not, please provide | ipment serviced a mation below: Type of Unit ed above, the only | Serial Number | Purchase Date | Original Cost New | Actual Cash Value |

| 39. If portable sawmill, will the sawmill be housed or sheltered when in use? Yes No No | | | | | |
|--|--|--|--|--|--|
| 40. If yes, please provide full details of building, including dust collection system in place: | | | | | |
| | | | | | |
| 41. With respect to trucking/hauling, please provide the following: | | | | | |
| a. Radius of operations: | | | | | |
| b. Any hauling to USA? Yes No If yes, provide percentage: | | | | | |
| c. Are all vehicles covered by an auto policy? | | | | | |
| If no, why? | | | | | |
| d. Who is responsible for loading and unloading? | | | | | |
| e. Number of years experience loading and unloading? | | | | | |
| f. Is trucking/hauling for insured's logs only? Yes No | | | | | |
| If not, please provide details: | | | | | |
| 42. What coverage is your client looking for? | | | | | |
| 43. What deductible is desired? | | | | | |
| 44. Is replacement cost wanted? Yes No No | | | | | |
| 45. Is liability coverage wanted? If yes, what limit? | | | | | |
| 46. Is there a mortgage or lienholder on the items? Yes No No | | | | | |
| 47. If yes, please provide details: | | | | | |
| 48. Can you confirm that no item of equipment has a mortgage of more than 75% of its current actual cash value? | | | | | |
| Yes No | | | | | |
| 49. Alternately, list the mortgage amounts for any item where the mortgage exceeds 75% of the current actual cash value: | | | | | |
| | | | | | |
| Equipment/Operation Details | | | | | |
| 50. Do you know the applicant personally? Yes No | | | | | |
| 51. If yes, how long? | | | | | |

| 52. Do you handle applicant's o | other insurance? | | |
|---|-------------------------------|----------------------------------|------------|
| 53. Is this risk a renewal to you Yes No | ır agency? | | |
| 54. Is there any additional infor | mation pertinent to the unde | erwriting/assessment of this app | olication? |
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| | | | |
| Remarks: | | | |
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| | | | |
| I/we hereby declare that the abomisstated any material facts and basis of the contact with underw | d I/we agree that should a po | | |
| Signature of applicant | | Date | |
| Name of brokerage | | | |
| Address of brokerage | | | |
| Email address of broker | | | |
| Signature of broker | | Date | |