

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: _____

Equipment/Operation Details

21. Does insured clear land?

Yes No

22. Does insured do any burning of land?

Yes No

23. Does the insured operate a portable sawmill as a stationary sawmill business?

Yes No

24. Does the insured do any tree falling?

Yes 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

28. If yes, please give full details _____

29. Please answer the following:

a. Months of period 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 open? If so, estimate maximum value any one time _____

e. If equipment is open, is area fully enclosed by fence? Yes No

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 size and type?

- 20 lb dry powder fire extinguisher
- 9 lb Halon fire extinguisher

33. Will the equipment be hired out?

Yes No

34. If so, is the equipment operated solely by employees of the applicant?

Yes 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 | Purchase Date | Original Cost New | Actual Cash 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 required for those items:

39. If portable sawmill, will the sawmill be housed or sheltered when in use?

Yes 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? Yes No

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

45. Is liability coverage wanted? If yes, what limit? _____

46. Is there a mortgage or lienholder on the items?

Yes 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 other insurance?

Yes No

53. Is this risk a renewal to your agency?

Yes No

54. Is there any additional information pertinent to the underwriting/assessment of this application?

Remarks: _____

I/we hereby declare that the above statements and particulars are true and that I/we have not suppressed or misstated 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.

Signature of applicant _____ Date _____

Name of brokerage _____

Address of brokerage _____

Email address of broker _____

Signature of broker _____ Date _____