



APPLICANT INFORMATION

1. Applicant name:
2. Are you licensed for logging and lumbering in the states you work?
3. Number of employees (other than owners):
4. Years in business:
5. Check trade memberships that apply:
6. Do you own any forestland?
7. Have you posted warning signs along access roads and worksite perimeters...
8. Are visitors and workers prohibited from smoking while at the worksite?

CONTRACTOR INFORMATION

9. Do you operate a saw mill or planning mill?
10. Do you own the land upon which you are operating?
11. Does work require close proximity to highways, populated areas, recreational lands or water, or power lines?
12. Is the tract of timberland or timber specifically identified in a written document...
13. Indicate skidding methods (movement of logs) used in your operation...
14. Are there established fire prevention procedures at the job site?
15. Are fire extinguishers available and/or mounted on equipment?
16. Does someone remain on site to ensure equipment has cooled down prior to leaving?

ELIGIBLE FOR THIS CLASS

If the applicant answers Yes to any of the following questions, then this risk is prohibited:
17. Do you use explosives?
18. Do you perform any slash burning or controlled burns?
19. Are you contracted to assist fighting forest fires?
20. Any use of helicopters?

SUBCONTRACTOR INFO AND RISK TRANSFER

21. Do you employ subcontractors?
If Yes, what are the sub costs?
If Yes, describe the operations performed by subcontractors:
Do they carry General Liability coverage with limits equal to or greater than yours?
Do they name you as an Additional Insured on their General Liability coverage?
Do they carry Workers Compensation coverage?



FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI, and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH, and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

I HEREBY CERTIFY THAT ALL INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE:

Applicant Name (Print): _____

Applicant Signature: _____

Date: _____