

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 or No) _____
If Yes, please give full details:

8. Is equipment operated in areas subject to Muskeg or Ice? (Yes or 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? _____



10. Has this form of insurance, or any other similar insurance ever been cancelled or declined by any Company or Lloyd's? (Yes or 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? _____

(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. (a) Will any equipment be hired out? _____
- (b) 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?

27.

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

28. Is the equipment listed in number 27 above the only logging equipment owned and operated by the applicant? _____
- If not, please give full details of all such other items of equipment and explain why coverage is not required on those items: _____

29. Deductible desired? _____

30. Can you confirm that no one item of equipment has a mortgage of more than 75% of its current actual cash value? (Yes or No) _____

Alternatively, list the mortgage amount for any item where the mortgage exceeds 75% of the current actual cash value: _____

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: _____