

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 operation please give full details:\_\_\_\_\_  
\_\_\_\_\_
7. Is there any contemplating waterborne exposure? (Yes or No)\_\_\_\_\_  
If yes, please give full details\_\_\_\_\_
8. Is equipment operated in area 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  
operated\_\_\_\_\_  
(B) Location address to which equipment is returned when not  
in use\_\_\_\_\_  
(C) Is equipment housed? If so, estimate maximum value any  
one time.\$\_\_\_\_\_  
(D) Is equipment left in the 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. Has the applicant sustained any losses during the past five years which would have been covered under this form of insurance if the applicant had carried such a policy?  
\_\_\_\_\_

12. If so, state when such losses occurred.\_\_\_\_\_

13. Was insurance carried?\_\_\_\_\_

14. If so, state agency insuring same\_\_\_\_\_

15. State full circumstances and amount of loss or losses\_\_\_\_\_

16. Who has previously insured the applicant's equipment?\_\_\_\_\_

17. Condition of equipment\_\_\_\_\_

18. Is each item of heavy equipment equipped with at least one ABC rated fire extinguisher of the following size and type?

(A) 20lb dry powder fire extinguisher?

(B) 9 lb Halon fire extinguisher?

19. (A) Will any equipment be hired out?\_\_\_\_\_

(B) If so, is the equipment operated solely by employees of the applicant\_\_\_\_\_

20. How often is equipment serviced and by whom?\_\_\_\_\_

21. Is there any other material fact, within your knowledge, regarding this proposal of insurance, which should be submitted to the Insurers for consideration?  
\_\_\_\_\_  
\_\_\_\_\_

22. Model/Year and Trade Name\_\_\_\_\_

Type of Unit\_\_\_\_\_

Model No./Serial No.\_\_\_\_\_

Date of purchase\_\_\_\_\_

Original cost new\_\_\_\_\_

Actual cash value\_\_\_\_\_

23. Is the equipment listed in number 22 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 these items.  
\_\_\_\_\_  
\_\_\_\_\_

24. Deductible desired \_\_\_\_\_
25. 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 ACKNOWLEDGE AND WARRANT THAT THE INFORMATION GIVEN IN THIS APPLICATION EVEN IF NOT IN MY HANDWRITING, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SPECIAL NOTICE: AS PART OF OUR UNDERWRITING PROCEDURE, A ROUTINE INQUIRY AND/OR A CONSUMER CREDIT REPORT MAY BE MADE WHICH WILL PROVIDE APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

DATE \_\_\_\_\_ INSURED'S SIGNATURE \_\_\_\_\_  
 SOCIAL SECURITY NUMBER \_\_\_\_\_

THIS APPLICATION MUST BE FULLY COMPLETED, SIGNED AND DATED BY THE INSURED OR IT WILL NOT BE ACCEPTED.

AGENT.....  
 AGENCY.....  
 ADDRESS.....  
 CITY.....  
 STATE.....  
 ZIP.....  
 PHONE.....