



[Casualty Application]

LOGGING CONTRACTORS LIABILITY APPLICATION



T: 604.685.6533 TOLL FREE T: 1.877.685.6533 F: 604.685.6554 E: info@cansure.com W: www.cansure.com

LOGGING CONTRACTORS LIABILITY APPLICATION

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

Name of Principal(s): _____

Website Address (if applicable): _____

Number of Years in Business: _____ Desired Effective Date: _____

Previous Insurer: _____

Has any Insurer cancelled, declined, or refused you coverage? Yes No
If yes, please provide details: _____

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied:

PART 2 LIABILITY UNDERWRITING INFORMATION

1) Type of Operations (check all if applicable): Logging Road Maintenance Road Construction
 Silviculture Hauling Mill Yard
 Other (details): _____

2) Logging Operations Breakdown: _____
% Falling & Processing _____ % Skidding _____ % Landing Work (Loading/Processing) _____
% Clearing _____ % Other (details): _____

3) Prime Area of Operations: Southern B.C. (including Vancouver Island) Northern B.C. Southern Alberta
 Northern Alberta Yukon Territory Northwest Territories
 Other (details): _____

4) Do you have any professionals on staff: Yes No *If yes, please provide the Registered Professional Forester or Forestry*
Engineer #(s): _____ Any other professionals on staff (provide details): _____

5) Do you perform any blasting operations: Yes No
If yes, please provide full details: _____



6) Do you perform any slash burning or other burning operations: Yes No

If yes, please provide full details with control measures:

7) Do you perform any welding operations: Yes No

If yes, please provide full details (ie. on premises or off premises) with control measures:

8) Do you operate any unlicensed logging, dump, gravel, or other trucks / vehicles Yes No *If yes, please attach schedule.*

9) Do you operate any booming or sorting grounds: Yes No If yes – Wet or dry: # of booms:

10) Do you have any private roads: Yes No If yes, where:

11) Have there been any changes to your operations in the last 5 years or anticipated changes within the next year: Yes No

If yes, please provide full details:

12) Are all mobile machines equipped with: spark arrestors: Yes No Fire Suppression equipment: Yes No

13) Do you have a written smoking policy: Yes No Do you have designated smoking areas: Yes No

14) Total annual gross receipts (including sub-let and/or flow through, if any): Annual Payroll:

Sub-let and/or flow through expenditures: Falling: Skidding: Landing Work:

 Clearing: Hauling: Other (provide details):

15) Total value of all your equipment: *Please provide schedule of all equipment.*

16) Do you have any sub-contractors that work exclusively for you and for which you are responsible for arranging insurance? Yes No

If yes, please provide full details:

17) Do you obtain insurance certificates from all sub-contractors: Yes No

18) Are all employees and sub-contractors covered by W.B.C.: Yes No

19) Do you have any hold-harmless agreements in place with third parties: Yes No

If yes, provide details:

PART 3 **COVERAGE REQUIREMENTS**

Limit of liability Insurance required:

Limit of Forest Fire Fighting Expense Insurance required:

Deductibles required:

Current Premium:

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicants Signature:

Position:

Please Print Name:

Date: