

**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. 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 fully 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) 20 lb dry powder fire extinguisher?

(b) 9 lb Halon fire extinguisher?

(PLEASE NOTE OUR INSURING CONDITIONS REQUIRE THAT EACH ITEM OF EQUIPMENT CARRY AT LEAST ONE OF THESE EXTINGUISHERS BUT LOGGING TRUCKS NEED ONLY CARRY ONE 10 LB OR TWO 5 LB EXTINGUISHERS)

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 & 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 those 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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

26. Current contracts? (Yes or No) \_\_\_\_\_

Specify: \_\_\_\_\_

I/WE HEREBY DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I/WE HAVE NOT SUPPRESSED OR MIS-STATED 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.

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 \_\_\_\_\_