



Outdoor Underwriters, Inc.
140 Stoneridge Drive, Suite 265
Columbia, SC 29210

803-451-5826 Phone 866-961-4101 Toll Free 803-451-5695 Fax

PROFESSIONAL FORESTER'S GENERAL LIABILITY APPLICATION

Named Insured _____
 Fed. ID/SSN _____ Contact Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Telephone(s) _____ Fax Number _____
 Web Site: _____
 E-Mail Address _____
 Location Address: _____
 Desired Effective Date ____ / ____ / ____

Business Form:

- Corporation
- Partnership
- Individual
- LLC
- Other _____

Coverage Limits

Commercial General Liability
(Occurrence Form)

General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Damage to Rented Premises (each occurrence)	\$
Medical Expense (any one person)	\$
Foresters Special Liability	\$

Deductible \$500.00 Property
Damage & Bodily Injury per
claim

Prior Carrier Information

	Insurance Carrier	Limits of Liability	Premium
Last Year			
Two Years Ago			
Three Years Ago			

Loss History

Date	Description of Incident	Amount Paid/Reserved

Do you have knowledge of any incident that may lead to a claim Yes No

If yes, please describe _____

Additional Insured (if necessary use another sheet of paper)

<u>Name</u>	<u>Complete Address</u>	<u>Interest</u>

Schedule of Hazards

# of Forestry Employees	_____	Total Forestry Payroll	\$ _____
# of Executive Officers	_____	Total Executive Officer Payroll	\$ _____
Sub-Contractors Cost	\$ _____		

What activities are subs used for?

What percentage of your business is control burn? _____

Required Attachments

1. All brochures describing any and all services; or website address above.
2. Three years hard copy Loss Runs, if unavailable, provide a no loss letter signed by insured.

Underwriting Information

1.	Is Applicant a Graduate, Registered Forester?		
2.	Give a brief description of applicant's activities and Operations (use back page if more space is needed)		
3.	<u>Does the Applicant:</u>		
	<u>Explains all "YES" responses to the following questions in the remarks section</u>	<u>Yes</u>	<u>No</u>
	a. Use subcontractors?		
	b. Work in populated or urban areas?		
	c. Lease any premises?		
	d. Operate business on a part-time basis?		
	e. Draw plans, designs or specifications other than forest management?		
	f. Use explosives?		
	g. Own, operate, or lease aircraft or watercraft?		
	h. Use/distribute/mix/apply pesticides or herbicides?		
	i. Lease equipment to others?		
	j. Employ seasonal or migrant labor?		
	k. Perform work underground?		
	l. Perform tunneling/excavation/earth moving work?		
	m. Perform or subcontract logging operations?		
	n. Perform control burns?		
4.	<u>Does the Applicant: Explain all "NO" responses to the following questions in remarks section</u>		
	a. Maintain Certificates of Insurance on all subcontractors?		
	b. Employ only salaried employees?		
	c. Have formal maintenance and safety programs in effect?		
	d. Comply with all applicable OSHA standards?		
5.	Any other information carrier needs to be aware of? (If yes, explain in remarks)		

Remarks

<u>Question #</u>	<u>Explanation</u>

Important Notice to Applicants

The following special state warnings and statements apply to all applicants in connection with coverage provided in one or more of the following states.

Arkansas

Arkansas Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida

Fraud Warning (Florida)

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 felony of the third degree.

Kentucky

Kentucky Fraud Statement

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.

The applicant's signature is required if coverage is to be provided, even on an "If any" basis, in any or all of the above states or when state insurance regulations require applicants to sign all insurance applications

Applicant's Signature _____ **Date:** _____

Name of Agency: _____

Signature of Agent: _____



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