



**Outdoor Underwriters, Inc.
140 Stoneridge Drive, Suite 230
Columbia, SC 29210**

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PROFESSIONAL FORESTERS 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 ____/____/____

Are you a member of Association of Consulting Foresters (ACF) or Society of American Foresters (SAF)?
 If so which one: _____

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 (E&O 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 _____

Schedule of Hazards

Staffing Information	Number of People	Last Year's Actual Payroll	This Year's Estimated Payroll
Executive Officers		\$	\$
Foresters Employed		\$	\$
Forest Technicians Employed		\$	\$
Other Labor/Employees (excluding clerical)		\$	\$
Sub-Contractors		Last Year's Actual Cost \$	Estimated Cost This Year \$

What activities are sub-contractors and/or independent contractors used for?

Activities Conducted	Yes	No	Percentage of Business	Last Year's Actual		This Year's Estimated	
				# Burns _____	# Acres _____	# Burns _____	# Acres _____
Controlled Burning							
Chemical Application				# Jobs _____	# Acres _____	# Jobs _____	# Acres _____

Underwriting Information

1.	Is applicant a Graduate, Registered Forester? Yes <input type="checkbox"/> No <input type="checkbox"/>			
2.	Give a brief description of applicant's activities and operations (use back page if more space is needed)			
3.	Does the applicant:			
	<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.	Does the applicant: Explain all "NO" responses to the following questions in remarks section			
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)			

Revenues

What percentage of your gross revenues comes from the following?

	<u>Percentage</u>
Land appraisal/valuation	%
Timber appraisal/valuation	%
Purchasing of land	%
Urban forestry	%
Environmental impact studies	%
Computer Services – Forest application	%
Litigation, expert witness	%
Taxation counseling	%
Management of clients property	%
Mapping – including aerial	%
Logging/Hauling operations including sub-contracted operations	%
Other – Please specify:	%

Additional Insured (if necessary use another sheet of paper)

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

Remarks

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

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.

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.

Applicant’s Signature _____ **Date:** _____

Name of Agency: _____

Signature of Agent: _____

Important Notice to Applicants – Fraud Notice

NOTICE TO APPLICATES: ANY PERSON WHO KNOWINGLY AND WITH INTENE TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AND 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 AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIAL PENALTIES.