

TOTTEN GROUP

I N S U R A N C E

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COMMERCIAL GENERAL LIABILITY APPLICATION FOR LOGGING CONTRACTORS

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Applicant is: Individual Partnership Corporation Joint Venture Other (Specify)

1. a) Name of Applicant _____
b) Name of Principal(s) _____
c) Subsidiaries, Partners and Joint Ventures _____
2. Postal address _____
3. Number of years in operation _____ b) Number of years experience _____
4. a) Description of Insured's operation Cutting Skidding Road Building (for insured's own use only)
 Trucking/Hauling (for insured's own logs only) Other _____

With respect to Trucking/Hauling, please provide the following:

- i) Radius of Operations _____
 - ii) Any hauling in the U.S.A.? Yes No If yes, provide percentage _____
 - iii) Are all vehicles covered by an auto policy? Yes No If no, why? _____
 - iv) Who is responsible for loading and unloading? _____
 - v) Number of years experience loading and unloading? _____
 - b) Do you anticipate entering other operations during the term ? Yes No
If Yes, please explain _____
5. a) Estimated annual receipts _____
b) Estimated annual payroll _____
c) Number of employees _____
d) Are all employees covered by Worker's Compensation Yes No
If No, please give details/split between different types of occupation/number of employees/payroll _____

6. a) Describe any sublet work (independent contractors) and give cost (Attach a list if necessary) _____
b) Are sub-contractors required to carry liability insurance Yes No
c) Are sub-contractors required to submit liability certificates Yes No
d) Is a formal contractual agreement entered into with sub-contractors Yes No
If the answer is Yes, is a hold harmless in your favour Yes No
Attach a copy of the usual contract form, if possible



7. a) Give details of unlicensed automobiles or specially licensed automobiles for which compulsory automobile insurance does not apply _____
- b) Is there an automobile policy covering these vehicles: Yes No
8. a) How many employees regularly drive their own vehicles on company business (include logging trucks, etc.): _____
- b) Type of vehicles _____
- c) Number of each _____
- d) What is the cost of hired autos _____
9. Is there any non-owned aircraft or watercraft exposure by way of ownership, use or operation of any aircraft or watercraft by or on behalf of the Applicant Yes No
If Yes, please explain _____
10. Are there any known contractual obligations where the Applicant has to provide insurance on behalf of another or hold another harmless Yes No
If Yes, please list all lease agreements, railway siding agreements, etc., and provide copies of these agreements _____
11. Are there any additional Insured's to be added to the policy Yes No
If Yes, please list and state purpose _____

Name	In Connection With

12. Give details of last five (5) years losses. Show all amounts "net" of deductible, and include reserves for unsettled losses

Date of Loss	Cause of Loss	Amount Paid	Amount Outstanding

13. Area/Location of operations Crown Land Privately Owned Land
- a) Any structural occupancies near by Yes No
- b) If, yes, distance from occupancy to logging operations Yes No
Details of Occupancy _____
14. a) Do you currently carry liability insurance Yes No
- b) Please advise current liability carrier and expiry date _____
- c) Please advise current limits carried _____
- d) Has any Insurer cancelled or refused to renew Yes No
If Yes, please provide details _____
15. Limit of liability requested in this application _____

APPLICANT DECLARATION

Note: 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

COMPLETED BY

DATE

APPLICANT'S SIGNATURE



QUESTIONS TO BE ANSWERED BY BROKER

1. Do you know the Applicant personally? Yes No
If so, for how long? _____
2. Did you receive the order direct from the Applicant? Yes No
3. Do you handle other insurance for the Applicant? Yes No
4. Do you recommend this risk in every respect? Yes No
5. Is this risk a renewal to your Agency? Yes No
If so, for how long have you placed insurance on this risk? _____
6. Any additional information pertinent to the underwriting/assessment of this Applicant?

DATE SIGNATURE OF BROKER

PRINT NAME

NAME AND ADDRESS OF BROKERAGE

Broker Email Address: _____