



**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>

**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.

**Schedule of Hazards**

<u>State</u>	<u>Classification</u>	<u>Class Code</u>	<u>Premim Basis</u>	<u>Exposure</u>
	Forestry Services	43822		Payroll
	Forestry Professional Liability	43822		Payroll
	Contractors – Subs	91591		Contractor Cost

**Underwriting Information**

1.	Number of Direct Employees		
2.	Is Applicant a Graduate, Registered Forester?		
3.	Give a brief description of applicant’s activities and Operations (use back page if more space is needed)		
4.	<b><u>Does the Applicant:</u></b>		
	<b><u>Explains all “YES” responses to the following questions in the remarks section</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>
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?		
5.	<b><u>Does the Applicant: Explain all “NO” responses to the following questions in remarks section</u></b>		
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?		
6.	Any other information carrier needs to be aware of? <b>(If yes, explain in remarks)</b>		

**Remarks**

<u>Question #</u>	<u>Explanation</u>
4a.	Contract Cost <span style="float: right;">\$</span>
	Subs used for
4n.	What percentage of your business is control burns? <span style="float: right;">%</span>

**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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Agent  
 Ed Wilson