



Outdoor Underwriters, Inc.  
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ACF  
 Insurance  
 Program

**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)? \_\_\_\_\_

**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		\$	\$
Additional Foresters Employed		\$	\$
Forest Technicians Employed		\$	\$
Sub-Contractors		Last Year's Actual Cost \$	Estimated Cost This Year \$

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

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Activities Conducted	Yes	No	Percentage of Business	Last Year's Actual		This Year's Estimated	
				# Burns _____	# Acres _____	# Burns _____	# Acres _____
Controlled Burning	<input type="checkbox"/>	<input type="checkbox"/>					
Chemical Application	<input type="checkbox"/>	<input type="checkbox"/>		# Jobs _____	# Acres _____	# Jobs _____	# Acres _____

### Underwriting Information

*All Questions Must Be Answered*

1.	<b>Is applicant any of the following:</b> Graduate Forester? Yes <input type="checkbox"/> No <input type="checkbox"/> Registered Forester? Yes <input type="checkbox"/> No <input type="checkbox"/>	Certified Forester? Yes <input type="checkbox"/> No <input type="checkbox"/> Wildlife Biologist? Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	<b>What year and where did the applicant graduate?</b>	
3.	Does the applicant use drones? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, How Many? What size(s)?	
	If yes, do you have a Drone Pilots Licenses? Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.	Give a brief description of applicant's activities and operations (use back page if more space is needed).	
5.	<b>Does the applicant: Explain all "YES" responses to the following questions in the remarks section</b>	<b>Yes</b>
	<b>No</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?	
6.	<b>Does the applicant: Explain all "NO" responses to the following questions in remarks section</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?	
7.	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?

	<b><u>Percentage</u></b>
Land appraisal/valuation	%
Timber appraisal/valuation	%
Purchasing of land/ Real Estate Sales	%
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)**

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

**Remarks**

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

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 APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT 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 CIVIL PENALTIES.

**Real Estate Supplemental Application**

N/A

1. Percent of income from Real Estate Sales: \_\_\_\_\_

2. Real Estate Revenue – Total Value By Year:

Current Year: \_\_\_\_\_

Last Year: \_\_\_\_\_

3. Licensed Real Estate Agent? Yes  No

Number of Agents: \_\_\_\_\_

Number of Registered Forester and Licensed Real Estate Agents: \_\_\_\_\_

4. Commercial or Residential property sales? Yes  No

a. If yes – Type of property: \_\_\_\_\_

b. Total Annual Value of Commercial Sales: \_\_\_\_\_

c. Percent Associated with timberland acreage: \_\_\_\_\_

d. Percent of Income from Residential or Commercial Real Estate Sales: \_\_\_\_\_

General Description of Real Estate Sales?

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Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_