



WOODCHUCK
-Insurance Programs-

By

UNDERWRITING CONTRACT ADMINISTRATORS INC.

APPLICATION FOR WOODCHUCK I or III INSURANCE PACKAGE

Brokerage: _____

Business/Trading Name: _____

Mailing Address: _____

Contact Name: _____ Phone: _____ Fax: _____

E-Mail: _____

Equipment Description:

Year	Make, Model	Serial Number	Amount of Insurance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Purchased New Used Purchase Price C\$ _____

Is Liability Coverage Requested? Amount Desired? _____

Where is equipment housed when not in use? _____

Radius of Operations? _____ Km Total Estimated Annual Billings? _____

Provide Description of Operations: _____

Lienholder Name & Full Mailing Address: _____

Do you deliver any of your product? Yes No

If Yes, explain: _____

Is your operation Full Time or Part Time? Full Part No. of Employees _____

Do you clear land? _____ Do you burn? _____

Current Insurer? _____

Policy No. _____ Renewal Date? _____

Describe your claims history? _____

Will your portable sawmill be housed or in a shelter? _____

Explain _____

Are there any other operations other than portable sawmilling and/or Logging? _____

If yes, please describe in detail _____

Do you operate a portable sawmill as a stationary sawmill business? Yes No

Do you do any tree falling? Yes No If yes, On Owned or Non-Owned Property? _____

Do you operate any logging or forestry operations? Yes No

Supplement

If any equipment is not solely in connection with logging or lumbering operations, please give full details:

Is there any contemplated waterbone exposure? Yes No

If Yes, please give full details: _____

Is equipment operated in areas subject to Muskeg or Ice? Yes No

If Yes, please give full details: _____

Please Advise of:

How many hours will the equipment be run at a time (mandatory 2 hour supervised shut down for cooling and maintenance for all equipment operating 12 hours or more) _____

Will a Maintenance Log be kept for each piece of equipment and where? _____

Months or periods when equipment is not normally operating: _____

Location to which equipment is returned when not in use: _____

Is equipment housed? If so, estimate maximum value any one time: \$ _____

Is equipment open? If so, estimate maximum value any one time: \$ _____

If equipment is in open, is area fully enclosed by Fence? Yes No

Has this form of insurance, or any other similar insurance ever been cancelled or declined by any company of Lloyd's? Yes No

If Yes, please state by whom: _____

Reason: _____

Has the applicant sustained any losses during the past five years, which would have been covered under this form of insurance if the applicant had carried such a policy? Yes No

If Yes, state when such losses occurred: _____

Was insurance carried? _____

If Yes, state agency insuring it: _____

State fully the circumstances & amount of loss or losses: _____

Who previously insured the applicant's equipment? _____

Condition of equipment: _____

Is each item of heavy equipment equipped with at least one ABC rated fire extinguisher of the following size and type (which type?):

20lb. Dry powder fire extinguisher

91lb. Halon fire extinguisher

Will any equipment be hired out? Yes No

If Yes, is the equipment operated solely by employees of the applicant? Yes No

How often is the equipment serviced and by whom? _____

Is there any other material fact, within your knowledge, regarding this proposal of insurance, which should be submitted to the insurers for consideration?

Model/Year & Trade Name	Type of Unit	Model No./ Serial No.	Date of Purchase	Original Cost New	Actual Cash Value

Is the equipment listed in number 17 (above) the only logging equipment owned and operated by the applicant? Yes No

If not, please give full details of all such other items of equipment and explain why coverage is not required on those items.

Deductible Desired: _____

Can you confirm that no one item of equipment has a mortgage of more than 75% of its current actual cash value? Yes No

Alternately, list the mortgage amounts for any item where the mortgage exceeds 75% of the current actual cash value?

I/We hereby declare that the above statements and particulars concerning WOODCHUCK III are true and that I/We have not suppressed or misstated any material facts and I/We agree that should a policy be issued, this application form shall be the basis of the contract with Underwriters.

Signature of Broker: _____ Fax: _____

Broker E-Mail: _____

Please fax this application:

UNDERWRITING CONTRACT ADMINISTRATORS INC.

www.ucai.ca

Phone: 1-877-343-8224

Fax: 1-877-432-9822

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