



Forest Specialty Underwriters, LLC
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INSURANCE APPLICATION

THIS IS AN APPLICATION FOR COMMERCIAL GENERAL LIABILITY INSURANCE (CGL) AND PROFESSIONAL LIABILITY COVERAGE. COMPLETING THIS APPLICATION DOES NOT MAKE COVERAGE EFFECTIVE.

Applicant Name:			
Address (City, State, Zip Code):			
Contact Name:		Phone:	
Email Address:		Website:	
Years in Business?		Previous Names:	
Proposed Effective Date:			
Limits Requested:	<input type="checkbox"/> \$1,000,000 per Occurrence \$1,000,000 Aggregate (For CGL and for Professional)		
	<input type="checkbox"/> Other limit options - please request		

Description of Operations:	
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Classifications	Class Code	Premium Basis	Exposure

Figures from the last twelve months or in your expiring policy period	TOTAL	Type of work done by employees, sub-contractors, independent contractors. Examples: Office work, grading of land, pest control
Receipts	\$	
Payroll (for employees who receive IRS W-2 forms each January)	\$	
Payments to firms for Sub-contracted work	\$	
Payments to Independent Contractors	\$	

Of the Total Revenue (last twelve months) shown above, please estimate below how much is earned from the customer groups below.

Work for Residential and commercial clients	Work for Municipal and Governmental clients	Work for General Contractors	Other - Explain

List Subsidiaries requesting coverage:	
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Are you a subsidiary of another company or are two thirds of your revenues coming from just one customer? If yes, please explain:

List any vacation, rental or investment property in the business name NOT including vacant land:

Career Credential Information:

Do you presently or have you in the past held any license?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:		
Are you a member of an industry association?		
<input type="checkbox"/> Association of Consulting Foresters <input type="checkbox"/> Society of American Foresters <input type="checkbox"/> Other - Explain:		
How many other degreed foresters are on your staff?		

Check all that apply	N/A	Sub-contracted	Performed by Applicant	How is this Measured ?	Estimated next 12 months?
Forest or Landscape Construction work done to control erosion or pollution, or bring about some other wildland or wetland management objective. This includes Grading of Land and Excavation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll	\$
Forest or Landscape Design or Consultation work done to control erosion or pollution, or bring about some other wildland or wetland management objective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll	\$
Logging or Timber Harvesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receipts	\$
Logging Access Road Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receipts	\$
Residential or Commercial Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receipts	\$
Construction or Demolition of Irrigation Facilities, Drainage facilities, levees, dams, dikes, retention ponds, or bridges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receipts	\$
Mapping and or Survey work – Land – Performed as part of construction or earthmoving work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll	\$
Mapping and or Survey work – Land – Not engaged in construction or earthmoving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll	\$
Environmental Impact Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receipts	\$
Timber valuation, timber cruising, timber sales or brokering.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll	\$
Taxation Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll	\$
Timber forest land real estate appraisal and valuation, timber real estate sales.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll	\$
Grading of Land performed unrelated to a prescribed fire environmental strategy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll	\$
Pesticide Herbicide Application performed unrelated to a prescribed fire environmental strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll	\$
Landscape Gardening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll	\$
Lawn Care including Mowing, Raking, Core Aeration, Applying of Fertilizer, Weed Control, or other Chemical Service, Tree and Shrub Planting, Spraying, Injection, Pruning, Trimming, or Removal, Stump Removal, Brush & Lot Clearing, and Chipping, Firewood Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll	\$
Rural Community Wildfire Prevention and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll	\$

Contingency Plan Development					
Consulting – General consulting including forestry, environmental, ecological, and land management consulting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll	\$
Excavation Rural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll	\$
Expert Witness / Subject Matter Expert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll	\$
Retail Nursery Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sales	\$
Blasting (Explosive) Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll	\$
Tree pruning, spraying, trimming, brush, or debris removal performed unrelated to a prescribed fire environmental strategy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll	\$
Of the tree pruning, spraying, trimming, brush, or debris removal performed above, what percentage, if any, of the work is done for utility companies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Percent	_____
Government Contracted Fire Suppression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receipts	\$
Check all that apply	N/A	Sub-contracted	Performed by Applicant	How is this Measured ?	Estimated next 12 months?
Retail or Wholesale Sales of Equipment or Chemical Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll	\$
Engineers – Consulting – Not engaged in actual construction (excluding professional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll	\$
Vacant Land – How many acres do you own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of Acres	
Vacant Land – How many acres are you contracted to care for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of Acres	
Other Forestry Services - Other than those shown above.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll	\$
Other Wild Land / Wetland Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll	\$
Urban / sub-urban Forestry Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll	\$
Other Forestry Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll	\$

Please indicate if services are performed:

Wild Bird/Animal Trapping	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mosquito Control – Airborne Spray	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work done on, or for, farms	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mosquito Control – Airborne Spray	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Airborne Spraying other than any described above	<input type="checkbox"/> Yes <input type="checkbox"/> No

Excluding Prescribed Fire work, please describe your largest three projects in the past 24 months:

Work Performed	Revenue Earned	% of Total	Client(s) Served

The remaining questions in this application only need to be answered if you engage in prescribed fire work.

If you do not perform prescribed fire work, place an X HERE

Prescribed Burn Manager Certification:	State _____ Expiration _____	State _____ Expiration _____
Do you follow Training, Safety, and Risk Control Programs and Procedures contained in Literature Published by the NWCG (National Wildfire Coordinating Group)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered "No" above, what Prescribed Fire Training, Safety, and Risk Control Programs and Procedures do you follow?		
Please attach with this application, copies of designations held by your people who design your burn plans and select the personnel of the burn crews.		
Activities:	Performed?	How is this Measured? Estimated next 12 months?
Pesticide / Herbicide Application performed as part of a prescribed fire environmental strategy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Payroll \$
Grading of Land performed as part of a prescribed fire environmental strategy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Payroll \$
Tree pruning, trimming, and brush or debris removal performed as part of a prescribed fire environmental strategy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Payroll \$
Course Instruction on Prescribed Fire Topics	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of Certificated Students

Please Check Frequency	Always	When our Judgment calls for it	When we are told it is required	Other - explain
Obtain Burn Permits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You meet with emergency suppression forces and provide high quality location information to them before a burn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You require a burn plan before you begin any ignitions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform Smoke Management and traffic control measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You complete the Post-Burn Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Measured in acres, what were the three largest prescribed fires conducted by your firm in the last 12 months:

Rank	# of Acres	# of Burn Days	# of Burn Crew Member Days	Rx Fire performed for WHO?	Location, County, state	Land Type(s) (Grassland, Forest, etc.)
Largest						
Next largest						
Next largest						

Below please enter the number of burn plans and number of acres your organization has burned and the corresponding sum of all the prescribed fire crew member days.

Interval	# of Burn Plans Completed	# of Acres Burned	Prescribed Fire Crew Member Days
Last 12 months			
Upcoming 12 months			
If you perform burns outside of your home state please record below the states and an estimate for the next 12 months of prescribed fire crew member days you will need in the burns you perform in each of the states including your home state.			

FRAUD WARNINGS

COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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 a felony of the third degree."

MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

Any person who knowingly and with intent to defraud any insurance company or another 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 and may subject the person to criminal and civil penalties.

OHIO

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

OTHER STATES AND TERRITORIES other than Hawaii

Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and [New York: substantial] civil penalties. (In D.C., Louisiana, Maine, Tennessee, Virginia, and Washington, insurance benefits may also be denied.)

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation and Company's written agreement to be bound is required to bind coverage and to issue policy. If coverage is bound, this form shall be the basis of the insurance policy. All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made apart hereof.

OFAC

No Violations and do not do business with any party that is subject to OFAC Violations.

Applicant (Print):		Date	
Applicant Signature:			
Broker:		Date:	
Broker Address:			
Contact:		Phone:	