***SPECIALTY PROPERTY- LOGGING APPLICATION***



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| Applicant’s Name (Legal and Operating): | Broker: | Policy Period:        to       (12:01 AM) |
| Applicant’s Address: | Location of Insured’s Property: | |
| Principal Name: | How Long in Business: | |

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| --- | --- |
| **Loss and Policy History** | |
| Previous *claims* in the past 5 years?  Yes,  No Describe: | |
| Previous Insurer**:** | Policy #: |
| Has any insurer *cancelled, declined or* *refused* to renew Commercial Insurance in the past 5 years?  Yes,  No | |
| Supporting Business**:** Policy #: | Company: |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Schedule** | | | | | | | | | | | | | | | |
| Item # | Model Year | Trade Name | | Model | | | Body Type | | Serial # | | | List Price New | | P. Price | |
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| **Coverages** | | | | | | | | | | | | | | | |
| Item # | Coverages Cont Equip- LLDS-1128 | | Named Perils | | (Ded 5%)  Min $2500 | | | Co. Ins % | | Amount Ins. | | | Rate | | Premium |
|  | Yes | | Yes | |  | | | No. Co. | |  | | |  | |  |
|  | Yes | | Yes | |  | | | No. Co. | |  | | |  | |  |
|  | Yes | | Yes | |  | | | No. Co. | |  | | |  | |  |
|  | Yes | | Yes | |  | | | No. Co. | |  | | |  | |  |
|  | | | | | | | | | | | | | | | |
| 1. Please describe operations: 2. Equipment must be protected by at least one 20 lb ABC fire extinguisher. Policy will be subject to warranty. 3. Where will applicant be operating the above described equipment (specific location)?    * Address:  * How long has the applicant been in the logging/lumbering business? * Where is equipment stored when not in use?  1. Will applicants’ equipment be rented or leased?  Rented  Leased 2. How often is equipment serviced & by whom? 3. Please confirm amount of lien on each piece of equipment.      1. Operators (Name and Experience): | | | | | | | | | | | | | | | |
| **M.R.P**: $ | | | | | **Total Premium**: $ | | | | | |

Signed By:       Date: