

GILLINGHAM & ASSOCIATES

a division of Philadelphia Insurance Companies



CONSULTING FORESTERS SPECIAL INSURANCE PROGRAM

SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address.
- The liability waiver/hold harmless agreement you require your guests to sign, if applicable.
- Currently valued insurance company loss runs for the current policy period plus 3 prior years. If unavailable, provide a no loss letter signed by the insured.
- ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.)

GENERAL INFORMATION

Named Insured:

Principal Contact:

Mailing Street Address:

Mailing City:

State:

Zip:

Location Street Address:

Location City:

County:

State:

Zip:

Phone Number:

Fax Number:

Proposed Effective Date:

Website: www.

E-mail Address:

Business Form:

Corporation

Partnership

Individual

LLC

Other:

Limit of Liability Requested: *(Please check one of each)*

Limit of General Liability desired: \$500,000 Occurrence \$1,000,000 Occurrence

Limit of Errors & Omissions Liability desired:

\$100,000 Occurrence

\$500,000 Occurrence

\$250,000 Occurrence

\$1,000,000 Occurrence

PRIOR CARRIER INFORMATION

	Insurance Carrier	Limits of Liability	Premium
Last Year		\$	\$
Two Years Ago		\$	\$
Three Years Ago		\$	\$

ADDITIONAL INSURED, *if necessary use another sheet of paper*

Name	Complete Address	Interest

PRODUCING INSURANCE AGENT

AGENT:

CONTACT:

ADDRESS:

TELEPHONE:

FAX:

E-MAIL:

THIS IS AN APPLICATION FOR INSURANCE. THIS IS NOT A BINDER OF INSURANCE.

OPERATIONS INFORMATION

1. Are you a member of the Association of Consulting Foresters of America (ACF) or currently under review for membership? Yes No
2. Are you a full-time consulting forester? Yes No
3. Where did you receive your forestry degree?
4. Number of years in business? Years
If less than 3 years, describe previous experience.

5. Please provide a brief description of your business:

6. Is your company a subsidiary of or owned by another company? Yes No
If yes, please explain:

7. Do you have one client who generates over 60% of your revenue? Yes No
If yes, please explain:

BUSINESS ACTIVITIES

Staffing Information	Number of People	Last Year's Actual Payroll	This Year's Estimated Payroll
Foresters Employed		\$	\$
Forest Technicians Employed		\$	\$
Other Labor / Employees (excluding clerical)		\$	\$
Briefly describe other labor:			
Briefly describe any other professional employees:			

Activities Conducted			Last Year's Actual		This Year's Estimated	
	Yes	No	# Burns	# Acres	# Burns	# Acres
Controlled Burning						
Chemical Application			# Jobs	# Acres	# Jobs	# Acres
Logging Operations			% of Revenue		% of Revenue	
Road Construction Operations			% of Revenue		% of Revenue	

If yes to any activity above, please describe:

Do you use other consultants as independent contractors? Yes No
If yes, describe what operations they perform:

If yes, are they insured? (attach their proof of insurance) Yes No

Gillingham & Associates ▪ A Member of Philadelphia Insurance Companies
 8501 Turnpike Drive, Suite 200 ▪ Westminster, CO 80031
 Toll Free: 800-849-9288 ▪ In Colorado: 303-428-5400 ▪ Fax: 303-428-5900
www.outdoorinsurance.com ▪ www.phly.com

REVENUES

1. Over the last three (3) years, approximately what percentage of your gross revenues come from the following:

- Land appraisal / valuation: %
- Timber appraisal / valuation, including timber volume and economic studies: %
- Purchasing of land: %
- Urban forestry: %
- Environmental impact studies: %
- Computer Services – Forest application: %
- Litigation, expert witness: %
- Taxation counseling: %
- Management of clients property and forest resources, including timber sales, timber preparation and administration, controlled burns, regeneration and silviculture, fire control, wildfire, and chemical application: %
 - What percentage of your management revenue is attributed to controlled burns: %
 - What percentage of your management revenue is attributed to chemical application: %
- Mapping – including aerial: %
- Logging / Hauling operations including sub-contracted operations (Certificates of Insurance must be provided **PRIOR TO QUOTING** for logging / hauling operations for all sub-contractors showing our insured as an additional insured on their policies.) %
- Other – Please specify:** %

2. In the next twelve months, do you expect any of these percentages to fluctuate up or down more than 20%? **If yes, please explain:** Yes No

LOSS HISTORY		
Date	Description of Incident	Amount Paid / Reserved
		\$
		\$
		\$
		\$

1. Do you have knowledge of any incident which may lead to a claim? Yes No
If yes, please describe:

Fraud Notice

NOTICE TO APPLICANTS: 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 AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO NEW MEXICO APPLICANTS: "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 CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

Insured Signature : _____ Date:

Agent Signature: _____ Date:

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