



To submit completed application:

- Save this document to your device
- Complete the application and save
- Click **SUBMIT** to email the completed application to us

**Professional Foresters
General Liability Application**

Please Complete Entire Form

Applicant must be a Graduated / Registered Forester

700 Gervais Street, Suite 200 | Columbia, SC 29201
Phone: 803-732-8452 | Email: hunting@assuredpartners.com

Named Insured:		Tax ID #:	
Contact Person:		Desired Effective Date:	
Address:			
City:	State:	Zip Code:	County:
Telephone:	Cell Phone:	Fax:	
List any Forestry Association Memberships:			
Email Address:		Website:	
Location Address, if different:			
Business Entity: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other			

When and from where did you obtain your degree/certification in Forestry?
 Is applicant a prescribed or licensed burn manager? Yes No
 Give a brief description of applicant's activities and operations (use back page if more space is needed):

Limits of Liability (check one of each)	
General Liability	<input type="checkbox"/> \$1,000,000 Occurrence / \$2,000,000 Aggregate
Professional Foresters Liability	<input type="checkbox"/> \$100,000 Occurrence <input type="checkbox"/> \$500,000 Occurrence <input type="checkbox"/> None
	<input type="checkbox"/> \$250,000 Occurrence <input type="checkbox"/> \$1,000,000 Occurrence
Prescribed Burn Liability	<input type="checkbox"/> \$100,000 Occurrence <input type="checkbox"/> \$500,000 Occurrence <input type="checkbox"/> None
	<input type="checkbox"/> \$250,000 Occurrence <input type="checkbox"/> \$1,000,000 Occurrence
Hired & Non-Owned Auto Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No

Underwriting Information			
Employee Name	Owner	Certified	Annual Payroll
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

		Last Year's Actual		This Year's Estimated	
		# Burns	# Acres	# Burns	# Acres
Prescribed/Controlled Burning	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Pesticide, Herbicide/Chemical Application	<input type="checkbox"/> Yes <input type="checkbox"/> No				
		% of Revenue		% of Revenue	
Logging Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Road Construction Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No				

If yes to any of the above, please describe:

Do you use subcontractors? Yes No
 If yes, do they provide proof of their insurance? Yes No
 If yes, what is the estimated cost of hire? _____

1. Does the Applicant:		
a. Have formal maintenance and safety programs in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Comply with all applicable OSHA standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Work in populated or urban areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Lease any premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Operate business on a part-time basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Draw plans, designs or specifications other than for forest management?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Use explosives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Own, operate, or lease aircraft or watercraft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Use/distribute/mix/apply pesticides or herbicides?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Lease equipment to others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k. Perform work underground?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l. Perform tunneling, excavation, or earth moving work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
m. Perform or subcontract logging operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is there other information of which the carrier needs to be made aware?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain in remarks section below.		

Additional Insureds - Additional Premium will apply <i>(Provide a copy of Insurance Specifications for each)</i>		
Name	Complete Address (City, State & Zip)	Interest

Prior Carrier Information			
	Insurance Carrier	Limits of Liability	Premium
Last Year			
Two Years Ago			
Three Years Ago			

Remarks

How did you hear about us?

- Forestry Association:
 AL
 GA
 MS
 NC
 SC
 Other - _____
 Website Search
 Referred by a friend
 Forestry Magazine - _____

Required Attachments
1. All brochures describing any and all services. 2. Copy of Forester and/or Prescribed Burn Certifications. 3. Currently valued insurance company loss runs for the current policy period plus 3 prior years. If unavailable, provide a loss statement signed by the applicant.
Coverage is subject to approval by AssuredPartners
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.
Applicant's Signature: _____ Date: _____