

Application for Logging Equipment

Atlantic Marine Underwriters Inc.

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Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

1. Name of Assured:
2. Business Address:
3. Number of Years in Business:
4. Number of years experience of principals in the Logging Industry:
5. Describe Operations:
6. a) Geographical areas of operation:
b) Topography:
7. Is there any contemplated waterborne exposure?
If so, give full details.
8. Is equipment operated in areas subject to Muskeg or Ice?
If so give full details.
9. State:-
 - (a) the months or periods each year when equipment is not normally operating;
 - (b) the location at which the equipment is kept when not normally operating;
 - (c) how the equipment is protected when at such locations.
10. Who has previously insured the Assured's equipment?
11. Has the Assured sustained any losses, insured or uninsured, during the past five years which would have been covered under this form of insurance had the Assured carried such a policy?
12. If so, state fully the details of all such losses including circumstances, dates and amounts.
13. Was insurance carried?
If so, state carrier and agency.
14. Has Lloyd's or any other insurer ever cancelled or refused insurance coverage for the proposed Assured?
If so give full details including the carrier's name.

15. Equipment to be Insured.

<u>Model Year & Trade Name</u>	<u>Type of Unit</u>	<u>Model Number</u>	<u>Serial Number</u>	<u>Date of Purchase</u>	<u>Original Purchase Cost</u>	<u>New Price</u>	<u>Actual Cash Value</u>
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16. Condition of equipment:

17. How often is equipment serviced and by whom?

18. (a) Is each item of equipment equipped with at least one 20 lb ABC rated dry powder fire extinguisher?

If not give full details for all non-compliant items.

(b) Are any items of equipment fitted with Automatic Fire Suppression systems?

If so give full details of each automatic fire suppression system including manufacturer, system, rating and extinguishant type and volume, number of detectors and dispersal nozzles for each item.

(c) Are all fire extinguishers and automatic fire suppression systems maintained, serviced, tested and replenished in accordance with the manufacturer's instructions and recommendations?

19. Please advise if solely permanent employees of the Assured will operate the equipment?

If not give full details.

20. Is the equipment listed above:-

(a) all owned by the Assured?

(b) the only equipment owned and operated by the Assured?

If not give full details and explain why such equipment is not to be insured here.

(c) identify all non-owned equipment to be insured here stating the Assured's interest and explain why it is to be insured here.

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

If not, list all items for which the mortgage exceeds 75% of the current actual cash value and the mortgage amount for each such item.

22. Are there any other material facts regarding the risk to be insured or the Proposed Assured which should be disclosed to Underwriters for their consideration?

If so give a detailed explanation.

Note: A material fact is one likely to influence assessment and acceptance of this risk, the premium charged and the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact is a material fact you should declare it. ALL information requested in this Proposal Form and any Supplementary Proposal is material.

I/We hereby declare that the answers, declarations, statements and particulars given above and in any Supplementary Proposal Form are true and that I/We warrant that no material fact has been withheld or mis-stated and agree that should a policy be written then the Proposal Form(s) will form the basis of the contract with Underwriters and be attached to and form a part of the policy issued. I / We further understand that the Underwriters may declare any policy written void in the event of any false statement, misrepresentation, omission, or concealment in the Proposal Form(s).

Date:
Signature of Proposer :
Print Name:
Title and position:

QUESTIONS TO BE ANSWERED BY BROKER

- 1. Have you met the Proposer or the Proposed Assured?
- 2. Do you personally know the Proposer or the Proposer Assured?
If so, for how long?
- 3. Did you receive the risk direct from the Proposer?
- 4. Do you handle other Insurance for the Proposer or the Proposed Assured?
- 5. Do you recommend the Proposed Assured and this risk for insurance?
- 6. Is this risk a renewal to your Brokerage?
If so, for how long have you placed insurance on this risk?

Date
Signature of Broker.....
Print Name.....
Name of Broker:.....
Address:.....
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LOGGING EQUIPMENT SUPPLEMENTARY PROPOSAL FORM

1. Assureds Name:

Assureds Address:

2. Contract Details

Mill or Paper Company Time Contract Held Length of Contract Expiry Date Renewal Date

3. State Actual Gross Receipts for the last three completed years and the Estimated Gross Receipts for the next 12 Months.

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4. Automatic Fire Suppression Equipment

Item Number / Description	Manufacturer	System Type	Volume in Pounds	Number of Sensors or Detectors	Number of Dispersant Nozzles
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5. Automatic Fire Suppression Equipment Maintenance

- a) Are all automatic fire suppression systems maintained, serviced, tested and replenished in accordance with the manufacturer's instructions and recommendations?
- b) State the name of the company used to carry out system inspections, maintenance, servicing, testing and replenishment and the frequency of such inspection and work.

6. Operator Details

Name	DOB	How Long Employed	Years Experience in Logging	Equipment Types to be Operated	Years Experience on Equipment Type
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7. State:-

- (a) The number of shifts worked per day (b) The number of hours per shift (c) The number of days worked per week

Signature of Proposer:

Brokers Signature:

Print Name:

Print Name:

Title and Position in Company:

Name of Broker:

Date:

Date: