

# A.M. FREDERICKS UNDERWRITING MANAGEMENT LTD.

## LOGGING EQUIPMENT PROPOSAL FORM

1. Name of Applicant: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Number of Years in Business: \_\_\_\_\_
4. Description of Operations: \_\_\_\_\_
5. Principal's Name and Phone No.: \_\_\_\_\_  
(For inspection purposes)
6. General areas of operation, topography \_\_\_\_\_  
\_\_\_\_\_
7. If any equipment is not used solely in connection with logging or lumbering operations, please give full details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Is there any contemplated waterborne exposure? Yes \_\_\_ No \_\_\_  
If yes, please give full details: \_\_\_\_\_  
\_\_\_\_\_
9. Is equipment operated in areas subject to Ice and Muskeg? Yes \_\_\_ No \_\_\_  
Is Ice and Muskeg coverage required? Yes \_\_\_ No \_\_\_  
If yes, please give full details: \_\_\_\_\_
10. Advise (a) Months or periods when equipment is not normally operating \_\_\_\_\_  
\_\_\_\_\_  

(b) Location to which equipment is returned when not in use  
\_\_\_\_\_

(c) Is equipment housed?  
If so, estimate maximum value any one time. \$ \_\_\_\_\_

(d) Is equipment in open?  
If so, estimate maximum value any one time. \$ \_\_\_\_\_

(e) If equipment is in open, is area fully enclosed by fence? Yes \_\_\_ No \_\_\_

11. Has this form of insurance, or any other similar insurance ever been cancelled or declined by any Company or Lloyd's? Yes \_\_\_ No \_\_\_  
 If yes, state:  
 (a) By Whom \_\_\_\_\_  
 (b) Why \_\_\_\_\_
- 12A. Has the applicant sustained any losses during the past five years which would have been covered under this form of insurance if the applicant had or had not carried such a policy? Yes \_\_\_ No \_\_\_
- 12B. State fully circumstances and amount of loss or losses, including date of loss, cause of loss and what steps have been to taken to prevent a reoccurrence. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 13A. Was the Applicant's equipment previously insured? Yes \_\_\_ No \_\_\_  
 If yes, state name of Company, Policy No. and Expiry Date. \_\_\_\_\_  
 \_\_\_\_\_
- 13B. Expiring Terms and Conditions (include coverages, rates and deductibles). \_\_\_\_\_  
 \_\_\_\_\_
14. State fully circumstances and amount of loss or losses and what steps have been to taken to prevent a reoccurrence. \_\_\_\_\_  
 \_\_\_\_\_
15. Condition of equipment. \_\_\_\_\_
16. Is each item of heavy equipment equipped with at least one ABC rated fire extinguisher of the following size and type:-  
 (a) 20 lb dry powder fire extinguisher? Yes \_\_\_ No \_\_\_  
 (b) 9 lb Halon fire extinguisher? Yes \_\_\_ No \_\_\_
17. (a) Will any equipment be hired out? Yes \_\_\_ No \_\_\_  
 (b) If yes, is the equipment operated solely by employees of the applicant? \_\_\_\_\_
18. How often is equipment serviced and by whom? \_\_\_\_\_  
 \_\_\_\_\_
19. Is there any other material fact, within your knowledge, regarding this proposal of insurance, which should be submitted to the Insurers for consideration? \_\_\_\_\_  
 \_\_\_\_\_

**20. A Schedule of equipment:**

Model/Year & Trade Name	Type of Unit	Model No. Serial No.	Date of Purchase	Original Cost New	Actual Cash Value	Mortgage Amount

**20. B Names and experience of all operators:**

Name of operator	Date of Birth (if known)	Years experience on type of equipment operated

22. Is the equipment listed in number 20.A above, the only logging equipment owned and operated by the applicant? \_\_\_\_\_

If not please give full details of all such other items of equipment and explain why coverage is not required on those items. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

23. Confirm that no one item of equipment listed in number 20.A above has a mortgage of more than 75% of its current actual cash value. Yes \_\_\_\_ No \_\_\_\_.

24. Please advise name on your logging contract, expiry date of your logging contract and provide us with a copy for our records.  
 \_\_\_\_\_

**LIABILITY SURVEY OF HAZARDS – To be completed if a CGL quote is required.**

- (1) **Business:** (1) Describe all operations in detail \_\_\_\_\_  
 \_\_\_\_\_  
 (2) Attach brochure(s) if any. \_\_\_\_\_  
 (3) Any U.S. exposure? If so, describe \_\_\_\_\_  
 \_\_\_\_\_  
 (4) Any other foreign country exposure? If so, describe \_\_\_\_\_

- (2) **Location of Premises:** Fully describe operations at each location  
 (a) \_\_\_\_\_ (a) \_\_\_\_\_  
 (b) \_\_\_\_\_ (b) \_\_\_\_\_  
 (c) \_\_\_\_\_ (c) \_\_\_\_\_

(3) Are any of the above premises leased or rented in their entirety to others who control and operate the premises? \_\_\_\_\_

(4) (a) Detail fully area(s) in which operations are conducted: \_\_\_\_\_  
 \_\_\_\_\_

(b) Any U.S. Exposure \_\_\_\_\_ if yes, extent \_\_\_\_\_

(c) Any U.S. Installation, \_\_\_\_\_ if yes, extent \_\_\_\_\_

(5) **Products manufactured, handled, sold and distributed - indicate type and gross sales and complete the attached Products Liability Insurance Questionnaire.**

<u>Type of Product</u>	<u>Gross Annual Sales</u>		
	<u>Canada</u>	<u>U.S.</u>	<u>Other</u>
(a) _____	\$ _____	\$ _____	\$ _____
(b) _____	\$ _____	\$ _____	\$ _____
(c) _____	\$ _____	\$ _____	\$ _____

(6) **Detail fully and breakdown type(s) of operations and work performed by Insured:**

<u>Operation</u> (Including split by country)	<u>Payroll</u>	<u>Gross Annual Receipt</u>
(a) _____	\$ _____	\$ _____
(b) _____	\$ _____	\$ _____
(c) _____	\$ _____	\$ _____

(7) **Contractual: List all lease agreements, railway siding agreements etc.**  
 (Obtain copies of agreements where possible)

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

(8) Contractors Protective: A) Cost of work Sub-Let: \$ \_\_\_\_\_  
B) Type of Work? \_\_\_\_\_

(9) Are sub-contractors required to carry liability insurance? Yes  No   
If yes, specify required limits \_\_\_\_\_

(10) Do you ask sub-contractors to submit liability certificates? Yes  No

(11) Do you enter into formal contractual agreements with your sub-contractors? Yes  No   
If so do you include a "Hold Harmless" clause in your favour? Yes  No   
Submit copy of usual contract form.

(12) Are all employees covered by Workmen's Compensation? Yes  No   
If No,  
(1) give number and types of employees not covered by Workers Compensation \_\_\_\_\_  
(2) Actual payroll of these employees \$ \_\_\_\_\_

(12B) Is Employers' Liability required? Yes  No   
If yes, advise number and occupation of employee: \_\_\_\_\_

(12C) Is Voluntary Compensation required? Yes  No

(13) Tenants Legal Liability  
(a) Location of premises: \_\_\_\_\_  
(b) Amount to be insured: \$ \_\_\_\_\_  
(c) Is there a lease agreement? Yes  No   
If yes, provide copy. \_\_\_\_\_

(14) Is there any use of radioactive materials? Yes  No

(16) Do you operate a hospital or employ a physician, surgeon, dentist or healthcare worker? Yes  No   
If yes, specify number of employees by their profession: \_\_\_\_\_

(17) Do you operate any aircraft or watercraft? Yes  No

(18) Do you charter, rent or lease any aircraft or watercraft? Yes   
No

(19) Do you engage in any of the following operations?  
(a) Demolition or wrecking Yes  No   
(b) Shoring Yes  No   
(c) Underpinning Yes  No   
(d) Caisson Work Yes  No   
(e) Excavation Yes  No   
(f) Use of Explosives Yes  No

- |     |   |                              |                             |
|-----|---|------------------------------|-----------------------------|
| (g) | Raising or moving of buildings and structures | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (h) | Tunneling                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (i) | Welding                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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(20) Details of operations involving the use of welding equipment, blowtorches, or other similar equipment away from premises \_\_\_\_\_

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- |       |   |                              |                             |
|-------|---|------------------------------|-----------------------------|
| (21)  | Does Forest Fires Prevention Act apply?                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (21A) | Do you have special agreements with Dept. of Lands and Forests? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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(22) STATE LIMITS OF LIABILITY REQUIRED

\$ \_\_\_\_\_ Inclusive Limit  
 Each Occurrence & Aggregate Products/Completed Operations

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Included in our CGL are the following coverages:

- Non-Owned Automobile-Excluding Long Term Leased Vehicles
- Products & Completed Operations
- Employees as Additional Insureds
- Contingent Employer's Liability
- Broad Form Property Damage
- Blanket Contractual Liability-Non-Reported
- Personal Injury
- Medical Payments Limits- 2,500 each person/25,000 aggregate any one occurrence
- Owners /Contractors Protective
- Occurrence Property Damage
- Separation of Insureds/Cross Liability
- Bodily Injury & Property Damage to Protected Persons & Property
- Broad Form Automobile
- Attached Machinery
- Tenants Legal Liability-Broad Form-\$100,000 Limit
- Pollution Exclusion-Hostile Fire Exception
- Incidental Medical Malpractice

N.B. It is the right of the Insurer to modify or delete any of the above by endorsement.

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**CHECK (✓) ADDITIONAL COVERAGE REQUIRED**

- |       |                                |                 |
|-------|--------------------------------|-----------------|
| _____ | Broad Form Vendors             |                 |
| _____ | Employee Benefits E&O          | Limit:\$ _____  |
| _____ | SEF/OEF/QEF #94 - PP & LC only | Limit:\$ _____  |
| _____ | Employers Liability            | Limit:\$ _____  |
| _____ | Voluntary Compensation         |                 |
| _____ | Forest Fire Fighting Expense   | Limit: \$ _____ |
| _____ | Other (specify) _____          |                 |
-

Previous Insurer: \_\_\_\_\_ Expiring Premium \$ \_\_\_\_\_  
 Policy No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
 Will they renew? Yes  No   
 If no, give reason for non-renewal \_\_\_\_\_

Provide claims experience or details of events that may give rise to a claim for last five (5) years: (give details on any claims including expenses, exceeding \$500.)

Date	BI or PD	Description	Amount Paid	Expenses Paid	Amount O/S
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

When was above loss information updated with the Insurer(s)?

**\*\*\*COVERAGE SUBJECT TO THE FOLLOWING ENDORSEMENTS AND WARRANTIES:**  
 (additional conditions may also be applied upon underwriting review)

**ATTACHED TO AND FORMING PART OF POLICY NO.**  
**TAW TRASH & SAFEGUARD WARRANTY (1986)**

In consideration of the premium charged it is hereby understood and agreed by the Assured that the following warranties apply in respect of the peril of fire and that this insurance is null and void if any of the warranties contained herein are violated.

It is warranted by the Insured that:-

1. Each piece of equipment insured hereunder shall have located on it at all times at least one fire extinguisher with a minimum rating of either:-
  - (a) 20 lb Dry Powder ABC rating;
 or
  - (b) 9 lb Halon ABC rating;
 and furthermore that all such fire extinguishers shall be maintained in good working order in accordance with the manufacturers instructions and recharged when necessary;
2. The insured equipment will not be used to push burning piles of material such as brush, logs or trash;
3. The insured equipment will not be used on top of burning piles of material such as brush, logs or trash;
4. The engine compartment, brake, fuel and oil tank compartments of all insured equipment be cleaned at least once a month;
5. At frequent intervals during the working day and at the end of the working day the engine compartments and the area between the engine compartments and protective belly pans of all insured equipment be cleaned, removing trash, fuel and lubricant accumulation;

6. At the end of each working day all the insured equipment if left on site will be at least 50 feet away from other equipment;
  7. An operator will remain with the insured equipment for at least 30 to 45 minutes until it cools after use.
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**ATTACHED TO AND FORMING PART OF POLICY NO.**

**TAW ICE AND MUSKEG EXCLUSION CLAUSE**

**It is hereby understood and agreed that this Policy of insurance excludes all loss of or damage to the insured property arising and/or resulting from the said property:**

**A. Passing over or breaking through ice.**

**B. Passing over or sinking into muskeg and/or soft soil.**

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**The Policy may be deemed to be void and claims may be deemed not covered where:**

1. An applicant for a contract:
  - a) gives false or erroneous information to the prejudice of the Insurer, or
  - b) knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein: or
2. The Insured contravenes a term of the Contract or commits a fraud; or
3. The Insured willfully makes a false statement in respect of a claim under the Contract.

**Policy Language Request: (applicable to Quebec applicants only):**

In connection with this application for insurance coverage, we hereby request and consent that all insurance policy documents be prepared and executed in the English language.

**Language de la police d'assurance (pour les résidents du Québec seulement):**

Considérant la demande de protection d'assurance, par la présente nous demandons et consentons que tous les documents d'assurance soient préparés et rédigés en anglais.

***I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS. I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT BETWEEN THE INSURER(S) AND MY BUSINESS.***

## **Our Privacy Policy and Commitment to Protecting Your Privacy**

A.M. Fredericks Underwriting Management Ltd values you as a customer and we thank you for your confidence in choosing our company to place your insurance with one of our approved insurance companies. As a policyholder, you trust us with your personal information. We respect that trust and want you to be aware of our commitment to protect the information you share with us in the course of doing business with us.

### **How We Use and Disclose Your Information**

When you purchase insurance from us, you share personal information so that we may provide you with the products and services that best meet your needs and provide the insurance protection you have requested. In order to do this, we may use and disclose your personal information to:

- Communicate with you.
- Assess your application for insurance including underwriting and pricing your policies.
- Evaluate claims.
- Detect and prevent fraud.
- Analyze business results.
- Act as required or authorized by law.

We assume your consent for our company to use this information in an appropriate manner.

All personal information is safeguarded with appropriate security measures.

### **What We Will NOT Do With Your Information**

We do not sell customer information to anyone. Nor do we share customer information with organizations outside of our associated companies.

### **We Strive to Protect Your Personal Information**

All employees, agents, independent brokers and suppliers who are granted access to customer records understand the need to keep this information protected and confidential. They know they are to use the information only for the purposes intended. This expectation is clearly communicated and reinforced.

We have also established physical and systems safeguards, along with the proper processes, to protect customer information from unauthorized access or use.

### **Your Privacy Choices**

You may withdraw your implied consent at any time (subject to legal or contractual obligation and on providing us reasonable notice) by contacting our Privacy Officer. Please be aware that withdrawing your consent may prevent us from providing you with the requested product or service.

### **If You Need More Information**

For more information about our privacy policies and procedures, please contact our Privacy Officer, Anthony Fredericks at:

A.M. Fredericks Underwriting Mgmt Ltd.  
201-339 Westney Rd S  
Ajax, Ontario  
L1S 7J6  
Tel: 905-428-1269 Ext 109  
Fax: 905-428-3977

Our Insurers privacy contact are as follows:

AMF- Logging App (Rev07Jul03)

John W. Martin Temple Insurance Company Munich Re Centre 390 Bay street, 22 <sup>nd</sup> Floor Toronto, Ontario M5H 2Y2 <b>Tel No: 416-366-9206 or 1-800-444-5321</b> <b>Fax No.: 416-366-4330</b>	Tom Mallozzi Kingsway General Insurance 5310 Explorer Drive, Ste 200 Mississauga, Ontario L1S 4S2 <b>Tel No: 905-629-7888 Ext 8843</b> <b>Fax No: 905-629-5008</b>
Harold Chang Ecclesiastical Insurance 2401, Suite 502, 2300 Yonge St. Toronto, Ontario M4P 1E4 <b>Tel No: 416-484-4908</b> <b>Fax No: 416-484-6352</b>	Paul Krpan The Citadel Assurance 1075 Bay Street Toronto, Ontario M5S 2W5 <b>Tel No: 416-928-5557</b> <b>Fax No: 416-928-5553</b>

Client(s) acknowledge receipt of and agree to the Privacy Disclosure and Consent provisions contained in page 1 of this form.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Manager/Representative

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
*DATE (DD/MM/YY):*

\_\_\_\_\_  
*SIGNATURE OF APPLICANT:*

\_\_\_\_\_  
*PRINT NAME OF APPLICANT AND TITLE*

**QUESTIONS TO BE ANSWERED BY BROKER**

1. **Do you know the Applicant personally?**  
**If so, for how long?** \_\_\_\_\_
2. **Did you receive the order direct from the Applicant?** \_\_\_\_\_  
**If no, from whom and why?** \_\_\_\_\_
3. **Do you handle other Insurance for Applicant?** \_\_\_\_\_
4. **Do you recommend this risk in every respect?** \_\_\_\_\_
5. **Is this risk a renewal to your Office? Yes \_\_\_ No \_\_\_**  
**If so, how long have you placed insurance on this risk?** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **BROKER'S SIGNATURE:** \_\_\_\_\_