



Forestry Questionnaire

1. Named Insured: _____ Effective Date: _____
Address: _____
Contact person: _____ Phone: _____ Email: _____
Prior Carrier: _____ Policy #: _____

2. Loss history:

3. How long has the broker known the insured? _____
4. Has the broker personally inspected the risk? Yes No
5. Description of your operations including non-forestry related ones:

6. Does the applicant build roads or landings? Yes No If Yes,
(a) Is the applicant responsible for locating or surveying the roads? Yes No
(b) Does the applicant design or build bridges or dikes? Yes No
(c) Does the applicant do any paving or concrete construction? Yes No
(d) Does the applicant do any blasting? Yes No

7. Does the applicant employ a licensed demolition expert? Yes No

8. What was your gross revenue for the last 12 months? \$_____

9. What is your anticipated revenue for the next 12 months? \$_____

10. What is your payroll? \$_____ Number of employees: _____

11. What provinces / territories does the insured generally work in?

12. Years in business: _____ Years of experience in the forestry business: _____

13. How many years of experience does the Insured require for operators? _____

14. Do you allow anyone other than your own employees to operate your equipment? Yes No
15. Do you loan or rent your equipment or unlicensed trucks to others without operators? Yes No
16. Any barging or waterborne exposures to equipment? Yes, explain No
17. Has all the equipment owned by the insured been listed? Yes No, explain
18. Has any of the scheduled equipment had any modifications that would be outside the manufacturer's recommendations? Yes No
19. Do the equipment operators conduct a basic maintenance check of the machine at the beginning and end of each shift? Yes No
- (a) Is a daily Log Book kept of the operator's maintenance checks? Yes No
20. Is the scheduled equipment given major maintenance checks in accordance with the manufacturer's specifications? Yes No
21. What procedure is the operator required to follow if they notice a deficiency during their maintenance checks?
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22. Does the insured maintain their own heavy equipment mechanics and/or repair shop? Yes No
23. Describe fire watch and cool-down procedures: _____
24. Describe the kind, size, and number of fire extinguishers available while equipment is in use: _____
25. Which pieces of equipment have an automatic fire suppression system?
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26. Does Insured have a contract with a company for maintenance of the automatic fire suppression system?
 Yes No
27. Please list the name and address of the fire-suppression-system maintenance service provider and the frequency of service: _____
- (a) Frequency of service: _____
28. Describe or attach any hold harmless, risk transfer or other contractual agreements entered into by the applicant.
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29. Does the applicant employ subcontractors? Yes No If yes, describe the work performed or provide a copy of the subcontractor's agreement:
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30. Does the applicant require the subcontractor to provide certificates of insurance? Yes No
31. Does the applicant have any tanks or fueling facilities on premises? Yes No
If "Yes", please complete the Limited Pollution Application.
32. Does the applicant own, hire or lease any watercraft or aircraft?
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33. How many unplatd vehicles does the applicant own and operate? _____