



Finning Insurance Services
 Phone: 1-888-FINNING 1-888-346-6464
 Fax: 1-866-830-1160

Forestry Contractors Liability Survey

Policy Number _____

Expiry Date / /
 day month year

General Information

Legal Name			
Operating Name			
Contact Info	Phone () - -	Mobile () - -	Fax () - -
	Contact Name(s)		
	Email	Website:	
Mailing Address			PC

Coverages

Commercial General Liability Limit	\$	Umbrella Limit	\$
Forest Fire Fighting Expense Limit	\$	Limited Pollution Limit	\$
Tenants Legal Liability	\$		

General Operations

Description of Operations			
Previous Liability Claims (past 5 years)			
Number of years business experience	Any changes in operations this past year or anticipated for this year? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Number of employees	Are all employees and sub-contractors covered by W.C.B. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Annual Gross Revenue Breakdown Total Annual Revenue \$	Logging \$	Log Hauling \$	Heli Logging \$
	Blasting \$	Road Building \$	Road Maintenance \$
	Lease Site Prep \$	Burning \$	Hauling Equipment for others \$
	Private Timber \$	Repairs for others \$	Other (describe) \$
Describe Details of Burning Ops			
Describe Details of Blasting Ops			
Number of ATV's	Number of Snowmobiles	(Business use only) Excludes coverage when required to be licensed by law.	
Do you operate watercraft or aircraft for business? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe			
Do you have any contracts? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, with Whom?			
Do you operate any booming or sorting grounds? Yes <input type="checkbox"/> No <input type="checkbox"/> Wet or Dry Number of booms			
Do you have any private roads? Yes <input type="checkbox"/> No <input type="checkbox"/>	A road management system? Yes <input type="checkbox"/> No <input type="checkbox"/>	A road maintenance plan? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Where are the private roads located?			
Are all mobile machines equipped with mufflers and spark arresters? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have a written smoking policy? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have designated smoking areas? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any professionals on staff e.g. Engineers or RPF's? Yes <input type="checkbox"/> No <input type="checkbox"/>			



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Subcontract Operations

Annual Subcontract Gross Revenue Breakdown	Logging \$	Blasting \$	Hauling Equipment for others \$
	Log Hauling \$	Road Building \$	Road Maintenance \$
	Heli-Logging \$	Burning \$	Other (describe) \$

Do you obtain **Liability Insurance Certificates** from all sub contractors Yes No

Do you provide insurance coverage for any of your sub contractors (either oral or written contract) Yes No

Welding Operations

Do you perform any welding operations? Yes No

Do you weld at your own shop? Yes No

Do you also weld in the field? Yes No

Do you perform welding equipment repairs for equipment owned by others? Yes No

Annual Welding Revenue \$

Please describe welding controls:

Other Exposures

Tenants Legal Liability	Do you rent or lease space from others for business purposes (including your own residential property)? Yes <input type="checkbox"/> No <input type="checkbox"/>
	What is the square footage of the space you rent or lease as your business premises?
	If there are other occupants of the rented or leased property, what are their operations?

Umbrella Liability	Do you have an umbrella policy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Would you like further information Yes <input type="checkbox"/> No <input type="checkbox"/>
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Subsidiary Companies	Do you have any other subsidiary companies not listed on the application? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you want this policy to cover these companies? Yes <input type="checkbox"/> No <input type="checkbox"/>

Please list company names and detailed operations of each company:

Pollution Liability

Limited Pollution Liability provides clean up costs for equipment spills and tanks spills from sudden and accidental causes. Would you like a quote for this coverage? Yes No

Are there any government statutes, standards, or other city or provincial regulations for the protection of the environment that you do not comply to? Yes No If yes, please provide details:

Do you store pesticides, herbicides, or fertilizers Yes No

Is there a written emergency procedure outlining actions to be taken in the event of a tank spill, overflow, or pollution incident? Yes No

Has any insurer declined to provide pollution coverage in the past? Yes No

Have you had any pollution or environmental damage claims (including unpaid claims or complaints) or events that could have led to a pollution incident which have occurred in the last 5 years? Yes No

Provide info on above ground storage tanks, tidy tanks, and unlicensed tankers:

Product Stored	Capacity (litres)	Type of Construction	Age	Berm or Dyke?

Signature of Applicant: _____ Date: _____

Completion of this application does not obligate the Company to accept the risk. Coverage will commence only when notification of acceptance is given by the Company

**Please fax completed application and updated equipment schedule to:
 1-866-830-1160**