

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: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Joint Venture ☐ 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 <i>(use back page if more space is needed)</i> :

Limits of Liability <i>(check one of each)</i>	
General Liability	☐ \$1,000,000 Occurrence / \$2,000,000 Aggregate
Professional Foresters Liability	☐ \$100,000 Occurrence ☐ \$500,000 Occurrence ☐ None ☐ \$250,000 Occurrence ☐ \$1,000,000 Occurrence
Prescribed Burn Liability	☐ \$100,000 Occurrence ☐ \$500,000 Occurrence ☐ None ☐ \$250,000 Occurrence ☐ \$1,000,000 Occurrence

Underwriting Information			
Employee Name	Owner	Certified	Annual Payroll/Gross Salary
	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	

		Last Year's Actual		This Year's Estimated	
		# Burns	# Acres	# Burns	# Acres
Prescribed/Controlled Burning	☐ Yes ☐ No				
Pesticide, Herbicide/Chemical Application	☐ Yes ☐ No				
		% of Revenue		% of Revenue	
Logging Operations	☐ Yes ☐ No				
Road Construction Operations	☐ Yes ☐ 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?	☐ Yes	☐ No
b. Comply with all applicable OSHA standards?	☐ Yes	☐ No
c. Work in populated or urban areas?	☐ Yes	☐ No
d. Lease any premises?	☐ Yes	☐ No
e. Operate business on a part-time basis?	☐ Yes	☐ No
f. Draw plans, designs or specifications other than for forest management?	☐ Yes	☐ No
g. Use explosives?	☐ Yes	☐ No
h. Own, operate, or lease aircraft or watercraft?	☐ Yes	☐ No
i. Use/distribute/mix/apply pesticides or herbicides?	☐ Yes	☐ No
j. Lease equipment to others?	☐ Yes	☐ No
k. Perform work underground?	☐ Yes	☐ No
l. Perform tunneling, excavation, or earth moving work?	☐ Yes	☐ No
m. Perform or subcontract logging operations?	☐ Yes	☐ No
2. Is there other information of which the carrier needs to be made aware?	☐ Yes	☐ No
If yes, explain in remarks section below.		

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

Prior Carrier Information (If none, must provide resume)			
	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. Current resume showing all prior experience in forestry services (if a new business venture and/or no prior insurance) 4. 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: _____