



**ERRORS AND OMISSIONS LIABILITY/
GENERAL LIABILITY
Forestry Services
Supplemental Application
(Complete in addition to ACORD)**

NOTICE: General Liability Coverage is an OCCURRENCE FORM. Errors and Omissions Coverage is a CLAIMS-MADE AND REPORTED COVERAGE FORM. The E&O Coverage Form is limited to liability for only those claims that are first made against you and reported to us during the policy period.

INDICATE COVERAGE(S) BEING REQUESTED:

General Liability **Errors & Omissions Liability** **Both General Liability and Errors & Omissions Liability**

1. Name of Firm: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Website Address: _____
2. Date Established: _____
 How long have you been engaged in your current occupation or business? _____ Years
3. Is the firm owned by, associated with or controlled by any other business, or are you engaged in any other profession or business? Yes No
 If yes, give details: _____

4. Describe in detail the nature of the professional or business activities for which insurance is desired.

5. Gross Revenue: *Indicate year in spaces provided.* Current Year: _____ \$ _____
 Prior Year: _____ \$ _____ Next Year: _____ \$ _____
6. Number of Employees: _____ Total Payroll: \$ _____
7. Do you use independent contractors? Yes No
 - a. If yes, how many and what percent of your gross sales are subcontracted?
 - b. Number of Subcontractors: _____ % of Gross Sales
 - c. Explain what types of services are subcontracted: _____

 - d. Are certificates of insurance with limits at least equal to yours obtained from subcontractors? Yes No
 - e. What percentage of work is contracted out? _____ %
 - f. Do you include a hold harmless agreement in your contract? Yes No
 - g. Are you named as an Additional Insured on your subcontractors' policies? Yes No
 - h. Are subcontractors ever used for logging or lumbering operations? Yes No
8. What are your credentials, training and education relating to Forestry Services? _____

9. Is your management staff required to have degrees in Forestry from an accredited school? Yes No
10. Are you certified by the Society of American Foresters? Yes No
11. Do you take Continuing Forestry Education classes? Yes No
12. Do you follow all applicable regulations governing environmental quality and management of forest resources? Yes No

13. Do you own any forest land? Yes No If so, how many acres? _____

14. Do you provide any of the following services:

- Aerial Inspections Yes No
- Environmental Studies Yes No
- Firefighting Services Yes No
- Forest Certifications Yes No
- GIS or GPS Yes No
- Insect/Disease Control Yes No
- Prescribed or Controlled Burns Yes No
- Watershed Analysis Yes No

15. Provide details of General Liability insurance in force.

Company	Limit	Deductible	Policy Term

16. Please provide details of Errors and Omissions insurance carried during the last three (3) years.

Company	Limit	Deductible	Premium	Policy Term

Is your expiring Policy/Coverage Form a **CLAIMS-MADE AND REPORTED COVERAGE FORM**? Yes No
 If yes, give Retroactive Date. _____

17. Has any application for Errors and Omissions or similar insurance made on your behalf, your firm or present partners, owners, officers or employees, ever been cancelled or refused renewal? Yes No
 If yes, give details below or attach an information sheet.

18. Have any claims, suits or proceedings been made during the past five (5) years against you, your firm, your predecessors in business or against any present partners, owners, officers or employees? Yes No
 If yes, give details below or attach an information sheet.

19. Are you aware of any alleged act, circumstance, situation or error or omission which may result in a claim being made against you or any of the persons or firm described on this application? Yes No
 If yes, give details below or attach an information sheet.

FRAUD WARNING: 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

(FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

YOU HEREBY DECLARE that the above statements and particulars are true and that you have not suppressed or misstated any material facts and you agree that this application will be the sole basis of any subsequent contract or insurance with us. Signature of the application does not bind you or us to complete the insurance.

Application must be signed and dated by principal, partner, officer or director of the firm.

Date

Signature of Applicant

Title

PLEASE NOTE: COMPLETION AND SUBMISSION OF THIS APPLICATION IS FOR THE PURPOSE OF SECURING A PREMIUM QUOTATION ONLY. NO COVERAGE WILL BE EFFECTED UNTIL RECEIPT OF WRITTEN INSTRUCTIONS AND PREMIUM PAYMENT. ANY SUBSEQUENT CONTRACT ISSUED WILL BE IN FULL RELIANCE UPON THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION AND THIS APPLICATION WILL BE MADE A PART OF THE COVERAGE FORM. A SIGNED APPLICATION DATED NOT MORE THAN 45 DAYS PRIOR TO THE INCEPTION DATE WILL BE REQUIRED IN THE EVENT COVERAGE IS EFFECTED.