



Davis-Garvin Agency, Inc.

PO Box 21627

Columbia, SC 29221-1627

Telephone 800-845-3163 Fax 803-781-6712

Professional Forester's General Liability Application

Named Insured:		Federal ID #	
Contact Person:		SAF Member #	
Mailing Address:			
Street:			
City:		State:	Zip Code:
County:			
Location Address:			
Home Number:		Cell Phone:	
Fax Number:		Web Site:	
E-Mail Address:			
Effective Date:		To	
Business Entity:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Individual	<input type="checkbox"/> LLC	
	<input type="checkbox"/> Other:	<input type="checkbox"/> Joint Venture	
Number of Direct Employees			
Is Applicant a Graduated, Registered Forester?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Give a Brief Description of Applicant's Activities and Operations (<i>use back page if more space is needed</i>):			

Coverage Limits Desired

Limits of General Liability-Occurrence/Aggregate	<input type="checkbox"/> \$300,000 / \$600,000	<input type="checkbox"/> \$500,000 / \$1,000,000	<input type="checkbox"/> \$1,000,000 / \$2,000,000
Limits of Forester's Special Liability		<input type="checkbox"/> \$ 100,000 <input type="checkbox"/> \$ 250,000	<input type="checkbox"/> \$ 500,000 <input type="checkbox"/> \$1,000,000
Prescribed Burned Liability	<input type="checkbox"/> None	<input type="checkbox"/> \$ 100,000 <input type="checkbox"/> \$ 250,000	<input type="checkbox"/> \$ 500,000 <input type="checkbox"/> \$1,000,000

Additional Insureds – Additional Premium will apply (Provide a copy of Insurance Specifications for each)

Name	Complete Address (City, State & Zip)

Prior Carrier Information:			
	Insurance Carrier	Limits of Liability	Premium
Last Year			
Two Years Ago			
Three Years Ago			

Loss History		
Date	Description of Incident	Amount Paid/Reserved
Do you have knowledge of any incident that may lead to a claim? If Yes, please describe?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Schedule of Hazards				
State	Classification	Class Code	Premium Basis	Exposure
	Forestry Services	43822		Payroll
	Forestry Professional Liability	44444		Payroll
	Contractors – Subs	91591		Contractor cost
	Additional Insured			

Underwriting Information					
Activities Conducted	# of People	Last Year's Actual Payroll		This Year's Estimated Payroll	
<input type="checkbox"/> Foresters Employed					
<input type="checkbox"/> Forest Technicians Employed					
<input type="checkbox"/> Other Labor/Employees (excluding Clerical)					
Briefly describe other labor:					
Briefly describe any other professional employees:					
		Last Year's Actual		This Year's Estimated	
<input type="checkbox"/> Controlled Burning	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Burns	# Acres	# Burns	# Acres
<input type="checkbox"/> Chemical Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Jobs	# Acres	# Jobs	# Acres
<input type="checkbox"/> Logging Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	% of Revenue		% of Revenue	
<input type="checkbox"/> Road Construction Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	% of		% of	

		Revenue	Revenue
If yes, please describe:			

1.	Does the Applicant: (<i>Explain all "NO" responses to the following questions in the remarks section.</i>)			
			Yes	No
	a.	Maintain Certificates of Insurance on all subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
	b.	Employ only salaried employees?	<input type="checkbox"/>	<input type="checkbox"/>
	c.	Have formal maintenance and safety programs in effect?	<input type="checkbox"/>	<input type="checkbox"/>
	d.	Comply with all applicable OSHA standards?	<input type="checkbox"/>	<input type="checkbox"/>
Remarks				

2.	Does the Applicant: (<i>Explain all "YES" responses to the following questions in the remarks section.</i>)			
			Yes	No
	a.	Use subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, contract cost? \$		
		Subs used for:		
	b.	Work in populated or urban areas?	<input type="checkbox"/>	<input type="checkbox"/>
	c.	Lease any premises?	<input type="checkbox"/>	<input type="checkbox"/>
	d.	Operate business on a part-time basis?	<input type="checkbox"/>	<input type="checkbox"/>
	e.	Draw plans, designs or specifications other than forest for management?	<input type="checkbox"/>	<input type="checkbox"/>
	f.	Use explosives?	<input type="checkbox"/>	<input type="checkbox"/>
	g.	Own, operate, or lease aircraft or watercraft?	<input type="checkbox"/>	<input type="checkbox"/>
	h.	Use/ distribute/ mix/ apply pesticides or herbicides?	<input type="checkbox"/>	<input type="checkbox"/>
	i.	Lease equipment to others?	<input type="checkbox"/>	<input type="checkbox"/>
	j.	Employ seasonal or migrant labor?	<input type="checkbox"/>	<input type="checkbox"/>
	k.	Perform work underground?	<input type="checkbox"/>	<input type="checkbox"/>
	l.	Perform tunneling/ excavation/ earth moving work?	<input type="checkbox"/>	<input type="checkbox"/>
	m.	Perform or subcontract logging operations?	<input type="checkbox"/>	<input type="checkbox"/>

3.	Is there any other information of which the carrier needs to be aware?	<input type="checkbox"/>	<input type="checkbox"/>
Remarks			

Required Attachments

1. All brochures describing any and all services; or website address above.
2. Three years hard copy Loss Runs, if unavailable, provide a no loss letter signed by insured.

I have reviewed this application for accuracy before signing it. I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Applicant's Signature: _____

Date Form Completed: _____