



Outdoor Insurance Services, INC  
 2775 CR 19 A - Hallettsville, TX  
 77964  
 p - 361.245.5098  
 f - 361.245.5020  
 toll free - 888.330.0661

www.outdoorinsuranceservices.com

## CONSULTING FORESTERS SPECIAL INSURANCE PROGRAM

### SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address.
- The liability waiver/hold harmless agreement you require your guests to sign, if applicable.
- Currently valued insurance company loss runs for the current policy period plus 3 prior years. If unavailable, provide a no loss letter signed by the insured.
- ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.)

### GENERAL INFORMATION

Named Insured:

Principal Contact:

Mailing Street Address:

Mailing City:

State:

Zip:

Location Street Address:

Location City:

County:

State:

Zip:

Phone Number:

Fax Number:

Proposed Effective Date:

Website: www.

E-mail Address:

Business Form:

Corporation

Partnership

Individual

LLC

Other:

#### Limit of Liability Requested: *(Please check one of each)*

Limit of General Liability desired: \$500,000 Occurrence \$1,000,000 Occurrence

Limit of Errors & Omissions Liability desired:

\$100,000 Occurrence

\$500,000 Occurrence

\$250,000 Occurrence

\$1,000,000 Occurrence

### PRIOR CARRIER INFORMATION

	Insurance Carrier	Limits of Liability	Premium
Last Year		\$	\$
Two Years Ago		\$	\$
Three Years Ago		\$	\$

### ADDITIONAL INSURED, *if necessary use another sheet of paper*

Name	Complete Address	Interest

### PRODUCING INSURANCE AGENT

AGENT:

CONTACT:

ADDRESS:

TELEPHONE:

FAX:

E-MAIL:

**THIS IS AN APPLICATION FOR INSURANCE. THIS IS NOT A BINDER OF INSURANCE.**

**OPERATIONS INFORMATION**

1. Are you a member of the Association of Consulting Foresters of America (ACF) or currently under review for membership? Yes      No
2. Are you a full-time consulting forester? Yes      No
3. Where did you receive your forestry degree?
4. Number of years in business? Years  
If less than 3 years, describe previous experience.
  
5. Please provide a brief description of your business:
  
6. Is your company a subsidiary of or owned by another company? Yes      No  
**If yes, please explain:**
  
7. Do you have one client who generates over 60% of your revenue? Yes      No  
**If yes, please explain:**

**BUSINESS ACTIVITIES**

Staffing Information	Number of People	Last Year's Actual Payroll	This Year's Estimated Payroll
Foresters Employed		\$	\$
Forest Technicians Employed		\$	\$
Other Labor / Employees (excluding clerical)		\$	\$
Briefly describe other labor:			
Briefly describe any other professional employees:			

Activities Conducted			Last Year's Actual		This Year's Estimated	
			# Burns	# Acres	# Burns	# Acres
Controlled Burning	Yes	No	# Burns	# Acres	# Burns	# Acres
Chemical Application	Yes	No	# Jobs	# Acres	# Jobs	# Acres
Logging Operations	Yes	No	% of Revenue		% of Revenue	
Road Construction Operations	Yes	No	% of Revenue		% of Revenue	

If yes to any activity above, please describe:

Do you use other consultants as independent contractors? Yes      No  
If yes, describe what operations they perform:

If yes, are they insured? (attach their proof of insurance) Yes      No

**REVENUES**

1. Over the last three (3) years, approximately what percentage of your gross revenues come from the following:

- Land appraisal / valuation: %
- Timber appraisal / valuation, including timber volume and economic studies: %
- Purchasing of land: %
- Urban forestry: %
- Environmental impact studies: %
- Computer Services – Forest application: %
- Litigation, expert witness: %
- Taxation counseling: %
- Management of clients property and forest resources, including timber sales, timber preparation and administration, controlled burns, regeneration and silviculture, fire control, wildfire, and chemical application: %
  - What percentage of your management revenue is attributed to controlled burns: %
  - What percentage of your management revenue is attributed to chemical application: %
- Mapping – including aerial: %
- Logging / Hauling operations including sub-contracted operations (Certificates of Insurance must be provided **PRIOR TO QUOTING** for logging / hauling operations for all sub-contractors showing our insured as an additional insured on their policies.) %
- Other – Please specify:** %

2. In the next twelve months, do you expect any of these percentages to fluctuate up or down more than 20%? **If yes, please explain:** Yes      No

**LOSS HISTORY**

Date	Description of Incident	Amount Paid / Reserved
		\$
		\$
		\$
		\$

1. Do you have knowledge of any incident which may lead to a claim? Yes      No  
**If yes, please describe:**

**FRAUD NOTICE STATEMENTS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN COLORADO:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.**

**The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.**

**\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company.**

NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

\_\_\_\_\_  
SIGNATURE

DATE

Produced By: (Section to be completed by Producer/Broker)

PRODUCER

AGENCY

PRODUCER LICENSE NUMBER

AGENCY TAXPAYER ID OR SS NUMBER

ADDRESS (STREET, CITY, STATE, ZIP)