

154 Prince William St. PO Box 1500 Saint John NB, E2L 4K3 Canada

Commercial General Liability Application For Logging Contractors

Applicant is:	Individual	Partnership	Corporation	Joint Venture	Other (Specify)
b) Name of I	Principal(s):				
3. a) Number o	f years in opera	tion:	b) Nu	umber of years expe	erience:
b) Do you ar	nticipate enterin	g other operation	s during the term?	Yes No	
b) Estimatedc) Number od) Are all en	annual payroll: f employees: ployees covere	d by Worker's C	ompensation?		

6. a) Describe any sublet work (independent contractors) and give cost (Attach a list if necessary):

b) Are sub-contractors required to carry liability insurance?YesNoc) Are sub-contractors required to submit liability certificates?YesNod) Is a formal contractual agreement entered into with sub-contractors?YesNoIf the answer is yes, is a hold harmless in your favour?YesNoAttach a copy of the usual contract form, if possible.YesNo			
d) Is a formal contractual agreement entered into with sub-contractors?YesNoIf the answer is yes, is a hold harmless in your favour?YesNo	b) Are sub-contractors required to carry liability insurance?	Yes	No
If the answer is yes, is a hold harmless in your favour? Yes No	c) Are sub-contractors required to submit liability certificates?	Yes	No
	d) Is a formal contractual agreement entered into with sub-contractors?	Yes	No
Attach a copy of the usual contract form, if possible.	If the answer is yes, is a hold harmless in your favour?	Yes	No
	Attach a copy of the usual contract form, if possible.		

- 7. a) Give details of unlicensed automobiles or specially licensed automobiles for which compulsory automobile insurance does not apply: No
 - b) Is there an automobile policy covering these vehicles: Yes
- 8. How many employees regularly drive their own vehicles on company business (include logging trucks, etc): Type of vehicles: Number of each:

What is the cost of hired autos:

9. Is there any non-owned aircraft or watercraft exposure by way of ownership, use or operation of any aircraft or watercraft by or on behalf of the Applicant? Yes No If yes, please explain:

- 11. Are there any additional Insured's to be added to the policy? Yes No If yes, please list and state purpose:

Name	In Connection With		

12. Give details of last five (5) years losses. Show all amounts "net" of deductible, and include reserves for unsettled losses:

Date of Loss	Cause of Loss	Amount Paid	Amount Outstanding

13. a) Area/Location of operations:	Crown Land	Privat	ely Owned Land
b) Any structural occupancies near	by? Yes	No	
If yes, distance from occupancy to 1	ogging operations:		
Details of Occupancy:			
14. a) Do you currently carry liability in	nsurance?	Yes	No
b) Please advise current liability car	rier and expiry date: _		
c) Please advise current limits carrie	ed:		
d) Has any Insurer cancelled or refu	used to renew?	Yes	No
If yes, provide details:			

15. Limit of liability requested in this application:

Date

Completed By

Date

Applicant's Signature