



**CONSULTING FORESTERS SPECIAL INSURANCE PROGRAM**

**SUBMISSION REQUIREMENTS**

- All brochures describing any and all services; or website address.
- The liability waiver/hold harmless agreement the Applicant requires their 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:  
 Risk Management Contact: Risk Management's Phone:  
 Risk Management Email:  
 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 INSUREDS, if necessary use another sheet of paper**

Name	Complete Address	Interest



**OPERATIONS INFORMATION**

1. Is the Applicant a member of the Association of Consulting Foresters of America (ACF) or currently under review for membership? Yes      No
2. Is the Applicant a full-time consulting forester? Yes      No
3. Where did the Applicant receive their forestry degree?
4. Number of years in business? Years  
If less than 3 years, describe previous experience.
  
5. Please provide a brief description of the Applicant's business:
  
6. Is the Applicant's company a subsidiary of or owned by another company? Yes      No  
**If yes, please explain:**
  
7. Does the Applicant have one client who generates over 60% of the Applicant's 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	
	Yes	No	# Burns	# Acres	# Burns	# Acres
Controlled Burning						
Chemical Application			# Jobs	# Acres	# Jobs	# Acres
Logging Operations			% of Revenue		% of Revenue	
Road Construction Operations			% of Revenue		% of Revenue	

If yes to any activity above, please describe:

Does the Applicant 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 the Applicant's gross revenues come from the following:**

- Land appraisal / valuation? %
- Timber appraisal / valuation, including timber volume and economic studies? %
- Purchasing of land? %
- Urban forestry? %
- Contracts with power companies (provide list of companies)? %
- Environmental impact studies? %
- Computer Services – Forest application? %
- Litigation, expert witness? %
- Taxation counseling? %
- Controlled burning? %
- 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 the Applicant's 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, does the Applicant 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. Does the Applicant have knowledge of any incident which may lead to a claim? Yes No  
**If yes, please describe:**

**WINTER WEATHER FREEZE PROTECTION**

**The Winter Weather Freeze Section is mandatory on all risks that have a prior winter freeze loss greater than \$25,000 or 10% of the building TIV in the past 5 years OR a location in states commonly experiencing freezing temperatures.**

**These states include but are not limited to: AL, AR, AZ, CO, CT, DE, DC, GA, IA, ID, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY**

- |    |  |     |    |     |
|----|--|-----|----|-----|
| 1. | Can the Applicant reliably confirm that all areas of the Applicant's building with fire sprinkler piping and/ or domestic water lines can be maintained at 45° F or higher?<br>This includes exterior accessed sprinkler riser rooms, as well as attics, crawl spaces, and stairwells if they have water lines in them.  | Yes | No | N/A |
|    | a. If not, select all freeze protection measures currently in place:<br>Temperature monitoring and remote heating control system (Wi-Fi temperature controls)<br>PHLYSense<br>Other water detection/ notification/ alarm system<br>Backup electrical generator, ensuring building heat at all times<br>Insulation around water pipes in cold areas*<br>Heat tracing for water pipes in cold areas*<br>Antifreeze fire sprinkler system in cold areas*<br>Space heaters or heated forced air in attics, crawl spaces, stairwells with fire sprinklers<br>Other: |     |    |     |
|    | * Cold areas are defined as portions of a building that cannot be maintained at all times reliably at or above 45° F.  |     |    |     |
| 2. | Fire Protection and Testing  |     |    |     |
|    | a. Is the building provided with an Automatic Fire Sprinkler System (AS)?  | Yes | No | N/A |
|    | i. If yes, what type of sprinkler system is installed?      Wet-Pipe      Dry-Pipe      Both   |     |    |     |
|    | ii. If yes, approximately what percentage (%) of the building is sprinklered?      %   |     |    |     |
|    | iii. If yes, has the system been tested & inspection by qualified sprinkler contractor within past 12 months & includes a formal winterization review?   | Yes | No | N/A |
|    | iv. If yes, are the alarms tied to a 24 hour UL listed monitoring company?   | Yes | No | N/A |
| 3. | Emergency Water Response (domestic and AS water lines)   |     |    |     |
|    | a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible?   | Yes | No | N/A |
|    | b. Are water shutoff valves exercised (closed and reopened) at least annually?   | Yes | No | N/A |
|    | c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours?   | Yes | No | N/A |
| 4. | Automatic Water Shutoff Devices  |     |    |     |
|    | a. For domestic water lines, is there a water flow detection, notification and automatic shutoff?  | Yes | No | N/A |
| 5. | Unused/ Vacant Spaces  |     |    |     |
|    | a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces?   | Yes | No | N/A |
| 6. | Seasonal Occupancies ONLY:   |     |    |     |
|    | a. Is there a full-time caretaker/ maintenance personnel on the premise?   | Yes | No | N/A |
|    | If yes, select required duties of the caretaker:<br>Regular walkthroughs of the building<br>i. How often each day?<br>Trained in the location(s) of water shut off valve(s)<br>Inspects taps and leaves them dripping in freeze weather events<br>Shuts off or drains pipes during freezing temperatures<br>Monitors building temperatures ensuring heat is maintained at required levels<br>Responds to power outages<br>i. List of required procedures   |     |    |     |
|    | b. If no caretaker is present, has the building been properly winterized including water turned off, pipes drained, heat maintained, proper pipe insulation, etc.?   | Yes | No | N/A |



## CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:  
Address of Applicant:  
City: State: Zip:  
Website: www:  
Nature of Operations:

1. Annual sales or revenue: \$
2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No  
If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
  - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
  - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
  - c. Credit or Debit Card Information
3.
  - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
  - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
  - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
  - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

## FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their 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

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

## FRAUD NOTICE STATEMENTS

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 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). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, LA, MD, 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 AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

**APPLICABLE IN CALIFORNIA:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE 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 DISTRICT OF COLUMBIA:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**APPLICABLE IN FLORIDA** 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 OF THE THIRD DEGREE.

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY 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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS 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.

**APPLICABLE IN MAINE:** 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.

**APPLICABLE IN NEW JERSEY:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**APPLICABLE IN OHIO:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**APPLICABLE IN OKLAHOMA:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**APPLICABLE IN PENNSYLVANIA:** 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN VERMONT:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

**APPLICABLE IN NEW YORK:** 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

\_\_\_\_\_  
SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER

(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)