



A MEMBER OF



PHILADELPHIA
INSURANCE COMPANIES

CONSULTING FORESTERS SPECIAL INSURANCE PROGRAM

Named Insured:	
Principal Contact:	
Mailing Address:	
Location Address Including County:	
Phone Number:	Fax Number:
Proposed Effective Date:	Website: www.
Email:	
Business Form: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other	

Limit of Liability Requested: <i>Please check one of each.</i>	Limit of General Liability Desired:
	<input type="checkbox"/> \$ 500,000 Occurrence <input type="checkbox"/> \$1,000,000 Occurrence
	Limit of Errors & Omissions Liability Desired:
	<input type="checkbox"/> \$ 100,000 Occurrence <input type="checkbox"/> \$ 500,000 Occurrence <input type="checkbox"/> \$ 250,000 Occurrence <input type="checkbox"/> \$1,000,000 Occurrence

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 which may lead to a claim? Yes No
If yes, please describe:

Additional Insureds, if necessary use another sheet of paper		
Name	Complete Address	Interest

Producing Insurance Agent			
AGENCY:	Outdoor Insurance Group		
CONTACT:			
ADDRESS:	400 N. Woodlawn, Suite 100, Wichita, KS 67208		
TELEPHONE:	888-683-7808	FAX:	316-683-7818

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

Mail Application to:
Outdoor Insurance Group, LLC
 400 N. Woodlawn, Suite 100
 Wichita, KS 67208
 Phone: 888-683-7808
 Fax: 316-683-7818
 www.oigcorp.com

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

Business Activities					
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 <i>excluding Clerical</i>		\$		\$	
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 Revenue		% of Revenue	
If yes, please describe:					
Do you use other consultants as independent contractors? If yes, describe what operations they perform?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, are the insured? (attach their proof of insurance)				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Revenues

Over the last 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 & administration, controlled burns, regeneration & silviculture, fire control, wildlife, and chemical application?	%
What percent of your management revenue is attributed to controlled burns?	%
What percent of your management revenue is attributed to chemical application?	%
Mapping – including Arial?	%
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 Explain?	%

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

Fraud Prevention - General Warning

NOTICE: Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

NOTICE TO ARKANSAS APPLICANTS: 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 fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 the third degree.

NOTICE TO IDAHO APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO INDIANA APPLICANTS: Any person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO MAINE APPLICANTS: It is a crime to 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.

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete or misleading information shall upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEVADA APPLICANTS: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

NOTICE TO NEW HAMPSHIRE APPLICANTS: Any person who, with purpose to injure, defraud or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any fact 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.

NOTICE TO TENNESSEE & VIRGINIA APPLICANTS: 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.

Date: _____ Signature: _____