



Insurance Application
Insurance for
Wildland Firefighting Contractors
MULTI-STATE

McNeil & Company, Inc.
P.O. Box 5670
Cortland, New York 13045
Phone (800) 822-3747
Fax: (607) 756-5051

General Information

Date of survey: _____ Insurance Renewal Date: _____

Legal Name of Organization: _____

_____ FEIN: _____

Mailing Address: _____

_____ County: _____

Telephone: _____ Fax: _____

Contact Name: _____ Contact Title: _____

Website Address: _____ E-Mail Address: _____

Insurance Agent Information

Agent's Name: _____

Name of Agency: _____

Address: _____

Agency telephone: _____ Agency fax: _____

Date proposal is needed: _____ Agency e-mail address: _____

Do you currently write this account? Yes No

If Yes, for how long? _____ With what Carrier? _____

Is the account Sub-Brokered? Yes No

If Yes, please indicate Agency Name: _____

Coverage Information

Please indicate the Coverage(s) you are applying for:

- Property
- General Liability
- Auto
- Crime
- Inland Marine



WildPRO Application

Business Information

The business is a (please check one):

- Corporation Limited Liability Company Partnership
 Sole Proprietorship Joint Venture Other: _____

Type of business (please check all that apply):

- Fire Suppression Contractors** – these are contractors who provide various size fire engines and a crew of personnel with the engine. Also included would be contractors that provide water tenders (tankers), bulldozers and related heavy equipment, or provided fire suppression standby.
- Crew Contractor** – these are contractors who provide personnel using crews of approximately 20 persons. Crews are used for constructing fire line using hand tools. Crews are also used for mop-up operations after the fire is contained within a fire line. The contractor provides transportation, generally using 12-15 passenger vans.
- Support Contractor** – these contractors provide support services to the fire management team, and are generally located at the centralized "fire camp". Support functions include shower facilities; laundry facilities, cooking/food services. These facilities are usually provided using large tractor-trailers type units and/or tents. The contractor provides transportation and staffing.
- Fuel Management** – these provide non-fire emergency fuel reduction on natural cover lands to include cutting and stacking of brush/timber; controlled burning.
- Other:** _____

Years in operation: _____ (*Minimum Requirement: 3 Years in Operation*)

If in business for less than 3 years, please attach resume and summary of experience of Manager.

Years experience in industry (please provide details of experience): _____

In the past 10 years, did the insured operate under a different name? Yes No

If Yes, please explain: _____

In which states does the insured perform services? _____

Please describe all duties of Executives/Officers (*do they have occasion to work out in the field?*): _____

Number of Employees: _____ Number of Executives/Officers/Owners: _____

Does the insured have a formal written safety program in effect? Yes No

If Yes, please include a copy with this application.

Please describe the level of experience or formal training programs in place for employees: _____

Do you provide training to any outside organization? Yes No

If Yes, please describe: _____



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Real and Personal Property

Please complete the schedule below. All Property will be covered on a Replacement Cost basis. If the coverage is blanket, be sure to show the individual building and contents values at each location. If more than 5 locations please complete Property Acord form.

| Loc. No. | Address | Building Limit | Contents Limit | Coinsurance % (80%, 90%, 100%) | No. of Stories | Date Built | Construction type | Sprinkler System? | Burglar Alarm? |
|----------|---------|----------------|----------------|-----------------------------------|----------------|------------|-------------------|--------------------------|--------------------------|
| 1. | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Please indicate if Blanket Coverage is desired

Indicate the desired Property Deductible: \$500 \$1000 \$2500 \$5000 Other _____

Please list names and addresses of any mortgagees or loss payees for each location:

| Loc. No. | Type | Name and Address |
|----------|---|------------------|
| 1. | <input type="checkbox"/> MTG <input type="checkbox"/> LP | |
| 2. | <input type="checkbox"/> MTG <input type="checkbox"/> LP | |
| 3. | <input type="checkbox"/> MTG <input type="checkbox"/> LP | |
| 4. | <input type="checkbox"/> MTG <input type="checkbox"/> LP | |
| 5. | <input type="checkbox"/> MTG <input type="checkbox"/> LP | |



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General Liability

Each Occurrence/General Aggregate: \$500,000 / \$500,000 \$500,000 / \$1 million \$1 million / \$1 million
 \$1 million / \$2 million \$1 million / \$3 million

Medical Expense: \$5,000 \$10,000

Damage To Rented Premises: \$100,000 \$300,000
 \$500,000 \$1 million

Payroll and Receipts:

Please indicate the payroll and receipts projected for this year, and for each of the past two years:

Exclude executive officer's payroll and clerical payroll.

| | PAYROLL | | | RECEIPTS | | |
|------------------|---------------------|----------------------------------|--------------------------------------|---------------------|----------------------------------|--------------------------------------|
| | This Year-Projected | Last Year-Actual / Audit Results | Previous Year-Actual / Audit Results | This Year-Projected | Last Year-Actual / Audit Results | Previous Year-Actual / Audit Results |
| Fire Suppression | \$ | \$ | \$ | \$ | \$ | \$ |
| Crew Contractors | \$ | \$ | \$ | \$ | \$ | \$ |
| Support Services | \$ | \$ | \$ | \$ | \$ | \$ |
| Fuel Management | \$ | \$ | \$ | \$ | \$ | \$ |

Does the insured perform any other services not reflected in the payroll/receipts shown above? Yes No
 If yes, please describe and provide projected payroll / receipts: _____

Does the insured hire subcontractors? Yes No
 If Yes, are certificates of insurance obtained/maintained from all subcontractors? Yes No
 Does the insured require subcontractors to carry insurance limits equal to or exceeding the insured's limits? Yes No
 Please describe how the insured makes sure that its subcontractors maintain their insurance: _____

Please describe the work **performed by subcontractors** and indicate the annual receipts for this work:

Cost: \$ _____ Description: _____

Have any of the insured's prior losses resulted from work performed by subcontractors? Yes No
 If Yes, please describe: _____



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General Liability (continued)

Does the insured provide any Emergency Medical Services, Medical Services, Incidental Medical Services, or Medical Transportation Services?

Yes No

Does the insured perform any of the following types of work?

Logging Operations

Yes No

Nursery Operations

Yes No

Landscape Operations

Yes No

Excavation Operations

Yes No

Chemical Spraying

Yes No

Public Livery Service

Yes No

Other: _____

Yes No

If you answered Yes to any of the above, please be advised that these operations will be excluded for coverage under your policy.

Separate insurance coverage should be maintained elsewhere for these exposures.

Watercraft/Aircraft

Does the organization own any watercraft more than 26 feet in length? Yes No

If yes, please indicate type, length, horsepower, number of seats, type of use, and where used.

If watercraft hull coverage is desired, schedule the watercraft under the Portable Equipment section of this survey.

Does the insured own, lease or utilize aircraft in any way? If yes, please explain.

Yes No

Automobile Liability

Indicate the desired coverage below:

\$ _____ Auto Liability

\$ _____ Medical Payments

\$ _____ PIP / No-Fault

\$ _____ Additional PIP

\$ _____ Uninsured Motorists/ Underinsured Motorists B.I.

Stacking Non-Stacking (if applicable)

\$ _____ Uninsured Motorists/ Underinsured Motorists P.D.



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Hired / Non-Owned Coverage

Hired / Borrowed Liability: State(s): _____ Cost of Hire: \$ _____ If Any Basis

Non-Owned Liability: State(s): _____ Group Type: Employees Number _____
 Partners Number _____

Hired Physical Damage: State(s): _____ No. of Days: _____ No. of Vehicles: _____

Coverage: Comprehensive Deductible: _____
 Collision Deductible: _____

Physical Damage Coverage

Please indicate the desired deductible for all vehicles with Physical Damage Coverage:

Comprehensive (ACV) \$500 \$1000 \$2500 \$5000 Other \$ _____
 Collision (ACV) \$500 \$1000 \$2500 \$5000 Other \$ _____

| Vehicle Schedule | | | | | | |
|------------------|------|------------------------|----------|----------------|-----|----------|
| Veh No. | Year | Make, Model, Body Type | Cost New | VIN (Required) | GVW | Loc. No. |
| 1. | | | \$ | | | |
| 2. | | | \$ | | | |
| 3. | | | \$ | | | |
| 4. | | | \$ | | | |
| 5. | | | \$ | | | |
| 6. | | | \$ | | | |
| 7. | | | \$ | | | |
| 8. | | | \$ | | | |
| 9. | | | \$ | | | |
| 10. | | | \$ | | | |

If more than 10 vehicles, please attach Auto Acord Schedule.



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Driver Information

Do owners or employees take home company-owned vehicles, or use them for personal use? Yes No

If Yes, please describe: _____

Does the insured review Motor Vehicle Reports (MVR's)? Yes No

If Yes, how often? Annually Every 2-3 years More than 3 years

Does the insured have written criteria for acceptable MVR's? Yes No

Do all drivers have a license commensurate with applicable legal requirements (CDL, etc.)? Yes No

Number of drivers currently employed: _____ Full Time _____ Part Time _____ Contract

Percent of driver turnover in the last 12 months? _____%

Crime

Fidelity

Type of Bond:

Commercial Blanket Limit of Insurance \$ _____
Number of Class I Employees (direct contact with funds) _____
Number of Class II Employees (all others) _____

| <input type="checkbox"/> Position Schedule | Position | Limit of Insurance |
|---|----------|--------------------|
| | _____ | \$ _____ |
| | _____ | \$ _____ |
| | _____ | \$ _____ |
| | _____ | \$ _____ |
| <input type="checkbox"/> Faithful Performance | | \$ _____ |
| <input type="checkbox"/> Forgery or Alterations | | \$ _____ |
| <input type="checkbox"/> Money and Securities | | \$ _____ |

General Crime Information

List all persons managing funds:

| | |
|------------|-------------|
| Name _____ | Title _____ |
| Name _____ | Title _____ |
| Name _____ | Title _____ |
| Name _____ | Title _____ |

Do the persons managing funds turn over this function to another for a period of 2 weeks, every year to prevent theft? Yes No

Are Invoices or Requisitions kept? (This documents what item or service is being paid for, who the vendor is, and who authorized the item or service). Yes No



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Crime (continued)

Are Invoices or Requisitions, Check Register and Bank Statement cross-checked against each other? Yes No

Largest amount of petty cash kept on hand? \$ _____

During what months are the receipts the largest? _____

Is money ever stored in the building overnight? Yes No

If yes, amount and how stored: _____

All receipts are deposited in a bank within: 2 days 1 week Over 1 week

Are all incoming checks immediately stamped "For Deposit Only"? Yes No

Do all checks require 2 signatures? Yes No

If No, do checks over a certain amount require 2 signatures? Yes No

To whom and how often is there a report of receipts and disbursements? _____

By whom and how often are the accounts examined? _____

When were the accounts last examined? _____

Inland Marine

Contractors Scheduled Equipment

| No. | Description (Year, Manufacturer, Model, Serial No.) | Limit of Insurance | Deductible |
|-----|---|--------------------|------------|
| 1. | | \$ | \$ |
| 2. | | \$ | \$ |
| 3. | | \$ | \$ |
| 4. | | \$ | \$ |
| 5. | | \$ | \$ |
| 6. | | \$ | \$ |
| 7. | | \$ | \$ |
| 8. | | \$ | \$ |
| 9. | | \$ | \$ |
| 10. | | \$ | \$ |



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Inland Marine (continued)

| Description | Limit of Insurance | | Deductible |
|----------------------------------|--------------------|-----------------------------|------------|
| | | | |
| Your Unscheduled Tools | \$ per item | \$ aggregate per occurrence | \$ |
| Your Employees Unscheduled Tools | \$ per item | \$ aggregate per occurrence | \$ |

Equipment rented, loaned to/from others with/without operators? Yes No

If yes, explain: _____

Certificates of Insurance & Additional Insureds

List any entities that need Certificates of Insurance or Additional Insured endorsements for liability coverage.
For Additional Insureds, describe their interest in the insured's business.

| Loc. No. | Name & Address | Certificate of Insurance | Additional Insured |
|-------------------|----------------|--------------------------|--------------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| Describe Interest | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| Describe Interest | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| Describe Interest | | | |

Umbrella and Excess Liability

Desired Limit of Insurance (maximum \$2 million): \$ _____
(These limits will apply to Excess Liability and Umbrella Liability)

Please note that the minimum underlying limits are \$1 million per occurrence/\$2 million annual aggregate for Commercial General Liability, \$1 million CSL for Auto Liability, and \$500,000 bodily injury by accident/\$500,000 bodily injury by disease/\$500,000 bodily injury by disease policy limit for Employers Liability if provided.

Please indicate the following underlying coverage information for Employers Liability. **If this information is not provided, Excess Employers Liability coverage will not be included.**

Insurer*: _____ Policy Number: _____
 Policy Period: _____
 Employers Liability (Coverage B) Limits: \$ _____ Bodily Injury by Accident
 \$ _____ Bodily Injury by Disease
 \$ _____ BI by Disease Policy Limit

**Excess Employers Liability is subject to approval of the insurer providing the underlying coverage.*



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Prior Insurance Record

| Coverage | Policy Term | Insurance Company | Policy Number | Premium |
|-----------------------------|-------------|-------------------|---------------|---------|
| Property / Inland Marine | | | | |
| Property / Inland Marine | | | | |
| Property / Inland Marine | | | | |
| General Liability | | | | |
| General Liability | | | | |
| General Liability | | | | |
| Auto | | | | |
| Auto | | | | |
| Auto | | | | |

Attachments

Attachments to this application must include the following:

- Three years of currently valued, within 60 days, hard copy loss runs, including loss details and descriptions (for all lines requested)
- A complete drivers list with drivers names, license numbers, dates of birth and date of hire
- Copies of motor vehicle reports for all drivers

A quotation will not be offered if the attachments are not included with the application.

Application Signatures & State Fraud Statements

APPLICABLE IN ARIZONA - ARIZONA FRAUD STATEMENT

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN ARKANSAS - ARKANSAS FRAUD STATEMENT

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.

APPLICABLE IN CALIFORNIA - CALIFORNIA FRAUD STATEMENT

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.



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APPLICABLE IN COLORADO - COLORADO FRAUD STATEMENT

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 - FLORIDA FRAUD STATEMENT

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 IDAHO – IDAHO FRAUD STATEMENT

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN INDIANA – INDIANA FRAUD STATEMENT

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

APPLICABLE IN KENTUCKY - KENTUCKY FRAUD STATEMENT

Any person who knowingly and with intent to defraud an 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.

APPLICABLE IN LOUISIANA - LOUISIANA FRAUD STATEMENT

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.

APPLICABLE IN MAINE – MAINE FRAUD STATEMENT

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 or a denial of insurance benefits.

APPLICABLE IN MINNESOTA – MINNESOTA FRAUD STATEMENT

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE – NEW HAMPSHIRE FRAUD STATEMENT

Any person who, with a 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.

APPLICABLE IN NEW JERSEY - NEW JERSEY FRAUD STATEMENT

New Jersey law requires us to give you the following notice: 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 – NEW MEXICO FRAUD STATEMENT

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.



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APPLICABLE IN NEW YORK - NEW YORK FRAUD STATEMENT

Automobile: 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, and any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage, or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

Other Than Automobile: 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.

APPLICABLE IN OHIO - OHIO FRAUD STATEMENT

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 – OKLAHOMA WARNING

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 OREGON – OREGON FRAUD STATEMENT

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN PENNSYLVANIA – PENNSYLVANIA FRAUD STATEMENT

Any person who knowingly and with intent to defraud an 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 - TENNESSEE FRAUD STATEMENT

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 UTAH - UTAH FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

APPLICABLE IN VERMONT – VERMONT FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

APPLICABLE IN VIRGINIA – VIRGINIA FRAUD STATEMENT

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 NEW YORK - NEW YORK CLAIMS-MADE INSURANCE NOTICE

IF EMERGENCY SERVICE LIABILITY COVERAGE IS PROVIDED ON A CLAIMS-MADE BASIS THEN EMERGENCY SERVICE LIABILITY COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST AN INSURED AND REPORTED IN WRITING WHILE THIS POLICY IS IN FORCE, DURING A RENEWAL OF THIS POLICY, OR DURING ANY EXTENDED REPORTING PERIOD. VARIOUS PROVISIONS IN THE ENDORSEMENT FOR THIS COVERAGE MAY RESTRICT COVERAGE. PLEASE READ THE ENTIRE ENDORSEMENT CAREFULLY TO DETERMINE RIGHTS, DUTIES, AND WHAT IS AND IS NOT COVERED.



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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS SURVEY AND THAT THE INFORMATION PROVIDED IN THIS SURVEY, INCLUDING ANY ATTACHMENTS, IS TRUE AND ACCURATE AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Insured's Signature _____ Date: _____

Name and title (please print): _____

Insurance Agent's Signature: _____ Date: _____

