SANTEE
RISK MANAGERS LLC

AMERICAN LOGGERS INSURANCE PROGRAM

Santee Inland Marine Application

Applicant Information

Insured:		Principal:	
DOB:			
FEIN:			
Address:			
E-mail:			
Phone:	( )		

Business Information

1.	Years Experience? 1a. Years in business as above name? 1b. Type of Business?
2.	State and area of operation?
3.	Is equipment operated solely by you and/or your direct employees? If not, please supply details:
4.	How often is equipment serviced and by whom?
5.	Does the insured double shift (run a day & night shift)?
6.	Is the equipment on the attached schedule the only equipment owned & operated by the insured? If not, please supply details.

Maintenance Information

7.	Describe vandalism/theft protection.
8.	Describe fire watch procedure at the end of the work day.
9.	Is the insured involved in any form of slash burning?
10.	What is minimum operator experience requirement (in years)?
11.	Does the insured have a formal Safety Program for their employees? If yes, please provide details.

History

12.	List all losses (insured or otherwise) in the last 5 years for the above Insured or any other entity where the Insured has owned equipment.
13.	Has any previous insurance coverage been declined, cancelled or non-renewed? If so, please provide details.
14.	Current Carrier?
15.	Policy Number?
16.	Effective/Renewal Date?
17.	Expiring premium? Target premium?

Inland Marine Equipment Schedule

No	Year	Make/Model/Description	Serial #	Value ($)	Fire Extinguisher (Red)* Y / N	Coldfire / Loaded Stream Exting.* (Silver) Y / N	Approved **A**utomatic **F**ire **S**uppression ** Y / N	Date of last **AFS** Service / Inspection ***
1								
2								
3								
4								
5								
6								
7								
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9								
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11								
12								
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* Extinguishers must be machine mounted & serviced/tagged every 6 months

**** Manufacturers of approved systems are: Fogmaker, AFEX, Amerex, Ansul, DAFO, Kiddie**

***** To qualify for the ALI Program, approved Automatic Fire Suppression must be professionally mounted on your equipment and must be inspected every six (6) months by a Santee Risk Managers selected or approved vendor. The next section must be completed.**

Please copy this page to add additional units

Automatic Fire Suppression System Information

Unit # (s)	
Brand:	
MM/DD/YY of Installation/Service	
Installing/Servicing Vendor:	
Unit # (s)	
Brand:	
MM/DD/YY of Installation/Service	
Installing/Servicing Vendor:	
Unit # (s)	
Brand:	
MM/DD/YY of Installation/Service	
Installing/Servicing Vendor:	
Unit # (s)	
Brand:	
MM/DD/YY of Installation/Service	
Installing/Servicing Vendor:	
Unit # (s)	
Brand:	
MM/DD/YY of Installation/Service	
Installing/Servicing Vendor:	
Unit # (s)	
Brand:	
MM/DD/YY of Installation/Service	
Installing/Servicing Vendor:	

Please copy this page to add additional AFS System information on units

Loss Payee (s)

Unit(s)	Name & Address (Street/PO Box, City, State, Zip)

Please copy this page to add loss payees

Agent Input

1.	Do you know the Insured personally?
2.	How long have you handled the account?
3.	What other coverage do you place for the Insured?
4.	Have you satisfied yourself regarding the Insured's financial status? By what method?
5.	Are you aware of any material fact which would affect the Insurer's judgment of this risk? If yes, please advise.
6.	Who is the insured currently cutting / chipping for?
7.	Who else is the insured contracted to cut / chip for this year?

Agent Information

Name:	
Address:	
Phone #:	( )
E-mail:	
Fax #:	( )

Insured warrants that above information has been supplied to his best knowledge and belief and that no material fact has been omitted which would otherwise affect Insurer's consideration of the risk.

Insured acknowledges that the above information forms the basis of the contract with Insurers and that any intentionally incorrect or inaccurate responses may void coverage hereinafter provided.

We confirm that the total outstanding balance on all equipment under mortgage does not exceed 75 per cent of the total insured value of the schedule attached at inception of the policy.

Insured Signature: _____ **Date:** _____

Agent Signature: _____ **Date:** _____

Please Submit to: Email: santeerisk@santeerisk.com
Fax: (877) 544-4776