

SAWMILL INSPECTION AND APPLICATION FORM

Name of Insured:

Mailing Address:

Location Address:

Number of Years in Business:

Type of Products:

Full Details of Processing Procedures and Hazards:

Annual Gross Receipts:

Please provide the following –

a) Last three months financial results:

b) Financial results from the same three months last year:

c) Volume of orders for the next six months:

Construction and age of each building on the site:

Separation of buildings: (please provide site plan)

Separation of stock from nearest building:

Fire Protection:

i) Public: (including type of fire dept. and distance)

ii) Private: (including private water supplies, sprinklers, fire extinguishers etc.)

iii) Hydrants:

Debris Removal –

i) How?

ii) Frequency?

If this is a Reman Mill, is there a dust collection system?

If yes, please provide full details:

How often is sawdust accumulation swept and/or cleaned?

How many employees work on the premises?

How many employees worked at this time last year?

Are the employees full-time?

How many days per week is the operation running?

How many hours is each shift?

How often is routine maintenance carried out on the equipment?

Describe routine maintenance procedures:

Welding on site –

- i) Who does it?
- ii) How often?
- iii) Procedures?

Do third party welding contractors carry a CGL with a minimum limit of \$1,000,000?

Smoking regulations:

Is there a burner on site, and if so, what is the separation from the building/stock?

Is the burner used?

Wiring on circuit breaker?

When was the wiring last updated?

Statement of values –

5-year loss history – Please attach with full details

Are there any outstanding loans or mortgages against the property?

If yes, please provide details of amounts and time remaining on the loan(s):

.....
Insured's Signature

.....
Date

SAWMILL INSPECTION AND APPLICATION FORM
TO BE COMPLETED BY THE BROKER

How long have you known the insured?

Have you personally inspected the risk?

How do you rate the risk for its class? (Check one) Excellent Good Fair Poor

Do you consider the insured to be financially sound?

If yes, please provide details to support your opinion:

.....
Insured's Signature

.....
Date

Agency: