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 www.coxspecialty.com

Agent Name _____
 and Address _____
 Phone _____ Fax _____

Sawmill Supplemental Application

General Information

Proposed Effective Date _____
 Applicant Name (Legal) _____ Applicant Name (DBA) _____
 Web Address _____ Phone _____

Number of years experience _____
 Number of years the business has been in this location _____
 Number of years the applicant has owned this business _____ Check if New Venture
 Hours of Operation From _____ To _____ Number of days business is open per week _____

Is the insured's business seasonal? Yes No
 Have you owned another business under a different name or entity? Yes No

If yes, please explain: _____

Do you own any other businesses or have any other locations? Yes No

If yes, please explain: _____

Account Revenue Projection Breakdown (Show sales, payroll and subcontracting or project cost for each)

Operation	Payroll	Sales	Sub-Contracted Cost (Including Cost of Materials)
Building Material Supply			
Forestry Service			
Logging			
Logging Road Construction			
Lumber Yards			
Planing Mill			
Pulp Mill			
Rental of Equipment to others with operators			
Rental of Equipment to others without operators			
Sawmill			
Other (please describe):			

Total gross sales from all covered operations: \$ _____ Total cost for all materials: \$ _____
 Total cost for all employees: \$ _____ Total cost for all independent contractors \$ _____
 Total all other expenses \$ _____

If "forestry service", please explain what work is done: _____

Please describe type of equipment rented to others: _____

Does the applicant use casual labor? Yes No

If yes, please explain - including payroll and cost: _____

Does the insured lease workers? Yes No

If yes, please explain - including payroll and cost: _____

Is your property protected to prevent vandalism or theft? Yes No

If yes, please describe: _____

Are any of the buildings metal clad? Yes No

If yes, is building: wood joisted or: metal joisted

Does the insured have dust collecting system? Yes No

If yes, is the system protected properly against fire and explosion? Yes No

Any welding done on premises? Yes No

If yes, is the welding operation directly supervised? Yes No

What is the separation between the log storage yard and the mill buildings? _____

Number of fire extinguishers on premises: _____ Are fire extinguishers serviced and tagged annually? Yes No

Number of exits: _____

FRAUD NOTICE

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.

STATE SPECIFIC PROVISION

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.

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.

West Virginia 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.

I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE
The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant _____
Signature _____
Date _____

Producer _____
Signature _____
Date _____