

Stanley McDonald Agency of Illinois, Inc.
2018 State Road, P.O. Box 1446
La Crosse, WI 54602
Phone: (888) 796-2411 Fax: (877) 204-7926

APPLICATION FOR THE BAND SAWMILL OPERATOR PROGRAM

SECTION I – GENERAL INFORMATION

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1.	Name of Applicant: _____ <i>(Owner of the Band Sawmill)</i>	Requested Effective Date: _____
	DBA: _____ <i>(If applicable, include DBA or trade name)</i>	
2.	Address: _____ <i>(Street)</i>	
	_____ <i>(City)</i>	_____ <i>(State)</i> _____ <i>(Zip Code)</i>
3.	Phone: _____ Fax: _____	E-mail: _____
4.	Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Describe): _____	
5.	Number of years in business under the above name: _____ Additional years of Owner's experience: _____	
	If applicable, describe Owner's prior experience: _____	

SECTION II – BAND SAWMILL OPERATIONS

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1.	Describe the Applicant/Business Owner's duties or involvement in the daily Band Sawmill operations: _____		
2.	Are all Band Sawmill Operators over 18 years of age?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Where is your Band Sawmill used? (MUST EQUAL 100%) On your property: _____ % + On other's property: _____ % = 100%		
4.	Is your Band Sawmill ever left unguarded at a worksite for more than 5 working days at a time?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	A. If yes, please explain: _____		
5.	Where is your Band Sawmill stored when not in use? _____		
6.	What precautions are taken to keep on-lookers at a safe distance? _____		
7.	Is your Band Sawmill serviced/maintained as recommended by the Manufacturer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Is a fire extinguisher accessible at each job site?		<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are all original safety guards in place and functional on each Band Sawmill?		<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Are all original warning labels affixed and legible on each Band Sawmill?		<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Has any Band Sawmill been modified from the original Manufacturer's specifications?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	A. If yes, please describe: _____		
12.	Do you ever lease/rent equipment to others?		<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	In addition to your Band Sawmill operations, do you perform any other lumber operations (e.g. logging, kiln operations, sales of logs/wood/timber, log/wood/timber transportation, construction operations)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	A. If yes, please describe: _____		

SECTION III – BAND SAWMILL OPERATORS

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

	Name	Dated Hired	Band Sawmill Manufacturer Trained?	Years of Experience Operating a Band Sawmill
1.				
2.				
3.				

SECTION IV – CLAIMS HISTORY

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Have you had any Equipment damage or Liability losses within the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If yes, please describe: _____	

SECTION V – BAND SAWMILL EQUIPMENT

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

Item #	Year	Manufacturer	Type	Model	Serial Number	Limit of Insurance
1.						
2.						
Loss Payee Name & Address:		Item # 1				
		Item # 2				
1. Do you own any other Band Sawmill equipment that is not listed above?						<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If yes, please describe: _____						
2. Desired Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 (A lower Deductible will result in a higher Rate/Premium.)						

SECTION VI – GENERAL LIABILITY

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. If you are not interested in purchasing General Liability coverage for your Band Sawmill operations, please check this box <input type="checkbox"/> and skip to Applicant's Signature.	
2. Does the Applicant/Business Owner currently own any other Entities or operate any other Businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If yes, please explain: _____	
3. Does the Applicant/Business Owner (Applicant being the parent company) currently own any Subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If yes, please explain: _____	
4. Is the Applicant/Business Owner currently listed as a Subsidiary of any other Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If yes, please explain: _____	
5. What are your projected annual Sales? \$ _____	
6. How many jobs are completed monthly? _____ Average board footage cut per month? _____	

Applicant's Signature

APPLICANT: I UNDERSTAND THAT THIS APPLICATION FOR INSURANCE AND ANY POLICY ISSUED AS A RESULT OF THE APPROVAL OF THIS APPLICATION WILL **ONLY** PROVIDE INSURANCE FOR PORTABLE BAND SAWMILL OPERATIONS. I FURTHER UNDERSTAND THAT NO COVERAGE WILL BE PROVIDED FOR ANY OTHER BUSINESS, OPERATIONS OR SERVICES UNLESS THEY ARE SPECIFICALLY ADDED TO ANY POLICY ISSUED FOR AN ADDITIONAL PREMIUM. I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS TO BE ISSUED. THIS APPLICATION WILL BECOME PART OF ANY POLICY ISSUED. PROVIDING FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS FRAUD, WHICH IS A CRIME IN MANY STATES.

Applicant's Signature:		Date:	
Applicant's Name:		Applicant's Title:	

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