

Stanley McDonald Agency of Illinois, Inc.
1101 Main Street
Onalaska, WI 54650
Phone: (800) 344-3948 Fax: (888) 625-3501

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

FRAUD WARNING: 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

(FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

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