

**INSURED INFORMATION**

1. NAME INSURED OPERATES UNDER: \_\_\_\_\_
2. YEARS IN BUSINESS: \_\_\_\_\_
3. FEIN # \_\_\_\_\_ SS# \_\_\_\_\_ DOT # \_\_\_\_\_ NCCI # \_\_\_\_\_
4. FORM FILINGS REQUESTED?    **FORM E**    YES    NO    **MCS90**    YES    NO    **ICC**    YES    NO    **TX MDOT**    YES    NO
5. PLEASE LIST ALL LOGGING ASSOCIATION MEMBERSHIPS:  
 \_\_\_\_\_

**DESCRIPTION OF OPERATIONS**

PLEASE ANSWER ALL QUESTIONS RELATED TO INSURED'S OPERATIONS

1. PLEASE CHECK THE TYPE OF OPERATIONS YOU DO:     LOGGER     HAULER     TIMBER DEALER     CONTROLLED BURN - LICENSE # \_\_\_\_\_
2. INDICATE TYPE OF LOGGING YOU DO: THINNING \_\_\_\_\_ CLEAR CUT \_\_\_\_\_ SWAMP LOGGING \_\_\_\_\_
3. CHECK TYPE WOOD CUT/HAULED: SOFT WOOD \_\_\_\_\_ HARD WOOD \_\_\_\_\_ WOOD CHIP \_\_\_\_\_
4. WHAT PERCENTAGE OF INSUREDS OPERATION ARE MECHANIZED? \_\_\_\_\_ %
5. HOW MANY ROUND TRIPS TO THE MILL DOES YOUR DRIVER DO IN A WORKING DAY? \_\_\_\_\_
6. RADIUS OF OPERATIONS (LIST % OF TRIPS)    0 - 50 MILES \_\_\_\_\_    51-100 MILES \_\_\_\_\_    101 - 300 MILES \_\_\_\_\_    300+MILES \_\_\_\_\_
7. HOURS OF OPERATION: \_\_\_\_\_
8. ANY NIGHT OPERATIONS?    YES    NO
9. ARE THERE OPERATIONS WHICH ARE NOT RELATED TO LOGGING SERVICES?    YES    NO
  - a. IF YES, PLEASE DESCRIBE AND PROVIDE PERCENTAGE OF RECEIPTS TO TOTAL: \_\_\_\_\_
10. HISTORY OF SIZE OF YOUR OPERATIONS: ( PREMIUMS ARE TO BE SHOWN ON THE ACORD APPLICATION BY LINE OF COVERAGE)

| YEAR                  | GROSS RECEIPTS (000) | # POWER UNITS | COST OF SUBS (000) | # OF EMPLOYEES |
|-----------------------|----------------------|---------------|--------------------|----------------|
| CURRENT               |                      |               |                    |                |
| 1 <sup>ST</sup> PRIOR |                      |               |                    |                |
| 2 <sup>ND</sup> PRIOR |                      |               |                    |                |
| 3 <sup>RD</sup> PRIOR |                      |               |                    |                |

**DRIVER INFORMATION**

PLEASE ANSWER ALL QUESTIONS RELATED TO INSURED'S DRIVERS

1. DRIVER LIST (ATTACH EXTRA SHEET IF NEEDED)

| DRIVER NAME | DATE OF HIRE | YEARS LOG HAULING EXPERIENCE | YEARS CDL EXPERIENCE |
|-------------|--------------|------------------------------|----------------------|
|             |              |                              |                      |
|             |              |                              |                      |
|             |              |                              |                      |
|             |              |                              |                      |
|             |              |                              |                      |
|             |              |                              |                      |
|             |              |                              |                      |
|             |              |                              |                      |

2. ARE YOU IN COMPLIANCE WITH DOT REGULATION REQUIREMENTS RELATED TO CDL DRIVER HIRING AND MANAGEMENT. YES NO
3. HOW ARE YOUR DRIVERS PAID? PLEASE DESCRIBE: \_\_\_\_\_
4. DO YOU HIRE DRIVERS WITH LESS THAN 3 YEARS CDL EXPERIENCE? YES NO
5. DO YOU HIRE DRIVERS UNDER 21 OR OVER 70? YES NO
6. DO YOU MAINTAIN DOT DRIVER QUALIFICATION FILES ON EACH DRIVER? YES NO
7. NUMBER OF YEARS OF PRIOR LOG TRUCK DRIVING EXPERIENCE REQUIRED FOR NEW DRIVERS: \_\_\_\_\_
8. DO YOU HAVE A DRIVER SAFETY HANDBOOK? YES NO
  - a. HAVE YOU REVIEWED THE SAFETY HANDBOOK AND HAVE IT SIGNED OFF WITH EACH DRIVER? YES NO
  - b. DOES THE DRIVER SAFETY HANDBOOK CONTAIN A PROGRESSIVE DISCIPLINARY PROCEDURE? YES NO
  - c. INDICATE ANY IMMEDIATE TERMINATION/ SUSPENSION SAFETY VIOLATIONS INCLUDED IN THE HANDBOOK \_\_\_\_\_
9. NUMBER OF DRIVERS HIRED IN LAST 12 MONTHS: \_\_\_\_\_ NUMBER OF DRIVER FIRED IN LAST 12 MONTHS: \_\_\_\_\_
10. WHICH OF THE FOLLOWING ARE USED TO HIRE EMPLOYEES, INCLUDING DRIVERS?
 

|                  |     |    |
|------------------|-----|----|
| a. WRITTEN TEST? | YES | NO |
| b. REFERENCES?   | YES | NO |
| c. ROAD TEST?    | YES | NO |
| d. DRUG TEST?    | YES | NO |
| e. PHYSICAL?     | YES | NO |
11. DESCRIBE ALL TRAINING, SAFETY MEETING FREQUENCY, ACCIDENT INVESTIGATION PRACTICES INCLUDING FREQUENCY AND USE OF RANDOM DRUG TESTING:  
 \_\_\_\_\_  
 \_\_\_\_\_

**VEHICLE INFORMATION**

PLEASE ANSWER ALL QUESTIONS RELATED TO INSURED'S VEHICLES

1. ARE YOU IN COMPLIANCE WITH DOT REGULATION REQUIREMENTS RELATED TO VEHICLE INSPECTION, SERVICE, & REPAIRS, ETC? YES NO
2. LIST NUMBER OF UNITS    **TRACTORS:** \_\_\_\_\_    **TRAILERS:** \_\_\_\_\_    **TRUCKS:** \_\_\_\_\_    **PICK-UPS:** \_\_\_\_\_    **OTHER:** \_\_\_\_\_
3. DO YOU HAVE A VEHICLE MAINTENANCE PROGRAM? YES NO
  - a. IF YES, EXPLAIN: \_\_\_\_\_
4. DO YOU CONDUCT PRE/ POST TRIP INSPECTIONS ON A DAILY BASIS? YES NO
5. ARE FLAGS AND/ OR STROBES USED ON THE END OF LOGS WHILE THEY ARE BEING HAULED? YES NO
6. DO YOU ALLOW THE DRIVER TO PICK UP PASSENGERS OTHER THAN EMPLOYEES? YES NO
  - a. IF YES, EXPLAIN: \_\_\_\_\_
7. DO VEHICLES HAVE SCALES IN THE TRAILERS TO DETERMINE WEIGHT? YES NO
8. DO SERVICE UNITS CARRY FUEL TANKS? YES NO
  - a. IF YES, HOW MANY GALLONS? \_\_\_\_\_
9. DO YOU BACK HAUL? YES NO
  - a. IF YES, PLEASE DESCRIBE PRODUCT: \_\_\_\_\_
10. DESCRIBE GARAGING LOCATION AT NIGHT AND ON THE WEEKENDS FOR THE FOLLOWING:
 

|                    |      |       |         |             |
|--------------------|------|-------|---------|-------------|
| a. TRACTORS:       | SHOP | WOODS | JOBSITE | OTHER _____ |
| b. TRAILERS:       | SHOP | WOODS | JOBSITE | OTHER _____ |
| c. PPT'S/ PICK-UPS | SHOP | WOODS | JOBSITE | OTHER _____ |
11. ARE EMPLOYEES ALLOWED TO TAKE THE INSURED'S VEHICLES HOME AT NIGHT? YES NO
  - a. IF YES PLEASE PROVIDE SEPARATE LIST OF ADDRESSES ATTACHED

12. ARE EMPLOYEES ALLOWED TO USE THE INSURED'S VEHICLES FOR PERSONAL USE?                      YES                      NO
- a. IF YES, DETAIL ANY AND ALL PERSONAL USE: \_\_\_\_\_  
 \_\_\_\_\_
- b. IF NO, IS THERE A WRITTEN POLICY PROHIBITING PERSONAL USE SIGNED BY THE EMPLOYEES?                      YES                      NO

**HIRED/NON-OWNED**

PLEASE ANSWER ALL QUESTIONS IF HIRED NON-OWNED COVERAGE REQUESTED

1. IS HIRED AUTO LIABILITY BEING REQUIRED BY?                      CONTRACT                      UMBRELLA CARRIER                      OTHER: \_\_\_\_\_
2. ESTIMATED ANNUAL COST OF HIRE: \$ \_\_\_\_\_
3. ARE YOU INVOLVED IN ANY BORROWING OR BARTERING ARRANGEMENTS FOR THE USE OF AUTOS?                      YES                      NO
4. DO YOU PROVIDE THE DRIVERS WHO OPERATE HIRED AUTOS?                      YES                      NO
- a. IF NO, PLEASE BE SURE TO COMPLETE **SUBCONTRACTING SECTION**
5. ARE ANY AUTOS LEASED?                      YES                      NO
- a. IF YES, LIST UNITS HERE: \_\_\_\_\_
- b. IF YES, LIST LESSOR HERE: \_\_\_\_\_
6. WHAT IS THE AVERAGE TERM OF THE LEASE? : \_\_\_\_\_
7. DO YOU OWN OR CONTROL ANY SUBSIDIARY OR ARE YOU AFFILIATED WITH ANY OTHER CORPORATION?                      YES                      NO
- a. IF YES, WHAT IS THE BUSINESS OF THE SUBSIDIARY OF AFFILIATE? : \_\_\_\_\_
- b. IF YES, ARE VEHICLES LEASED FROM THAT SUBSIDIARY OR AFFILIATE?                      YES                      NO
- i. IF YES, IS THERE A LEASE AGREEMENT IN PLACE?                      YES                      NO
8. ARE EMPLOYEES ALLOWED TO USE THEIR PERSONAL VEHICLES FOR COMPANY BUSINESS?                      YES                      NO
- a. IF YES, PLEASE LIST NAME AND ATTACH MOTOR VEHICLE RECORD (MVR): \_\_\_\_\_
9. WILL NON-OWNED AUTOS OTHER THAN PRIVATE PASSENGER TYPES, PICKUPS OR VANS BE USED?                      YES                      NO
- a. IF YES, DESCRIBE AUTOS: \_\_\_\_\_
- b. HOW WILL THESE AUTOS BE USED: \_\_\_\_\_
10. HOW WILL NON-OWNED AUTOS BE USED? : \_\_\_\_\_
11. DO YOU REQUIRE EMPLOYEES TO HAVE THEIR OWN INSURANCE?                      YES                      NO
- a. IF YES, WHAT ARE THE MINIMUM LIMITS REQUIRED? : \_\_\_\_\_
- b. DO YOU REQUIRE PROOF OF INSURANCE?                      YES                      NO

**SUBCONTRACTING**

PLEASE ANSWER ALL QUESTIONS RELATED TO INSURED'S SUBCONTRACTING OPERATIONS

1. PLEASE CHECK ALL TYPES OF SUBCONTRACTING RELATIONSHIPS YOU ENTER INTO:                      HAULING                      LOGGING                      OTHER: \_\_\_\_\_
2. DO ALL SUBCONTRACTORS CARRY LIMITS EQUAL TO OR GREATER THAN THE LIMITS BEING REQUESTED?                      YES                      NO
- a. IF YES, WILL CERTIFICATES OF INSURANCE BE PROVIDED FROM SUBCONTRACTORS NAMING INSURED AS AN "ADDITIONAL INSURED"                      YES                      NO
3. WILL INSURED HAVE **SIGNED SUBCONTRACTORS AGREEMENTS WITH HOLD HARMLESS CLAUSES** FOR ALL SUBCONTRACTORS WITH WHOM THEY CONDUCT BUSINESS?                      YES                      NO
- a. IF NO, PLEASE DESCRIBE THE METHOD OF RISK TRANSFER THE INSURED INTENDS TO USE IN PLACE OF SUBCONTRACTOR AGREEMENTS WITH HOLD HARMLESS CLAUSES: \_\_\_\_\_  
 \_\_\_\_\_

**GENERAL LIABILITY**

PLEASE ANSWER ALL QUESTIONS RELATED TO INSURED'S GENERAL LIABILITY OPERATIONS

1. DO YOU ALWAYS USE A WRITTEN CONTRACT FOR LAND YOU REMOVE TIMBER FROM?    YES            NO  
 a. IF NO, DESCRIBE: \_\_\_\_\_
  
2. DOES THE CONTRACT CLEARLY IDENTIFY THE SPECIFIC TRACT OF LAND TO BE LOGGED WITH EITHER SURVEYPOINTS OR MAPS?    YES            NO  
 a. DESCRIBE: \_\_\_\_\_
  
3. WHO IN YOUR OPERATION IS RESPONSIBLE FOR THE PROPER VERIFICATION OR MARKING OF EITHER TREES (THINNING) OR SURVEY LINES TO PREVENT AN OVERCUT SITUATION?  
 a. DESCRIBE: \_\_\_\_\_
  
4. DOES SOMEONE IN YOUR OPERATION ACTUALLY WALK THE LINES?            YES            NO  
 a. IF NO, WHY? : \_\_\_\_\_
  
5. WHAT TYPE OF FIRE PROTECTION AND/OR FIRE SUPPRESSION DO YOU HAVE AVAILABLE ON PREMISE OR IN THE FIELD?  
 a. DESCRIBE: \_\_\_\_\_
  
6. % OF LOGGING THAT IS DONE FOR PRIVATE INDIVIDUALS BASED ON GROSS RECEIPTS: \_\_\_\_\_ %
  
7. DO YOU HAVE ANY SAWMILL OR LUMBERYARD OPERATIONS?            YES            NO  
 a. IF YES, PLEASE DESCRIBE: \_\_\_\_\_

**SIGNATURES**

|                    |                     |      |
|--------------------|---------------------|------|
|                    |                     |      |
| SIGNATURE OF AGENT | PRINT NAME OF AGENT | DATE |

THE ABOVESIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/ SHE REPRESENTS THAT THE APPLICANT HAS BEEN ADVISED THAT PERSONAL INFORMATION ABOUT THE APPLICANT INCLUDING INFORMATION FROM A CREDIT REPORT, MAYBE COLLECTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE.

|                      |                       |      |
|----------------------|-----------------------|------|
|                      |                       |      |
| SIGNATURE OF INSURED | PRINT NAME OF INSURED | DATE |

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAYBE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRDPARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.