



# LOGGING AND LUMBERING PROGRAM SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

### General Information:

1. Business Name (dba): \_\_\_\_\_
2. Legal Name: \_\_\_\_\_

### Detailed Description of Operations and Exposures:

3. \_\_\_\_\_  
\_\_\_\_\_
4. List membership in trade organizations (such as AF&PA, SAF, TOC, AP&PA): \_\_\_\_\_
5. Have you attached a sample copy of a logging contract used in your operations? .....  Yes  No
6. Have agreements been entered into requiring the insured to return the land to its original condition once the logging operation has been completed?  Yes  No

### Prior Carrier Information: (If this information is provided on the ACORD application, omit item 7.)

Carrier	Premium	Policy Number	Effective Date
7. _____			/ /
			/ /
			/ /

### Claim, Loss & Incident Information:

No Losses, Claims or Incidents:

(If this information is provided on the ACORD application, omit item 8.)

Date of Loss	Description of Loss	Amount of Claim or Loss	Date Valued	Open or Closed?
8. / /			/ /	
/ /			/ /	
/ /			/ /	

9. What is your current Worker's Compensation Experience Modification Factor? .....

### Operations:

10. General areas of operation, topography \_\_\_\_\_
11. Do you own the land upon which you are operating?  Yes  No  
If No, are proper permits and contracts in place with the owners?
12. Is the tract of timberland or timber specifically identified in a written document such as a plot plan or site survey as to the specific location of logging and lumbering to take place?  Yes  No  
[This is a condition of coverage for the optional purchase of Loggers Coverage Extension (Property Damage by Over-cutting of Timber)].
13. If no is marked in Question 12, describe methods used to determine boundaries and identify trees for cutting: \_\_\_\_\_
14. In conditions of extreme fire danger (as measured by the fire weather index) are harvesting and civilian operations
  - Ceased (i.e., no harvesting or other operations)  Yes  No
  - Scaled down or cease in "very high" to "extreme" fire danger conditions  Yes  No
  - Continued (i.e., no change to operation)  Yes  No



15. Is the firefighting equipment (working fire extinguishers) carried by vehicle, machine, and chainsaw operators at all times?  Yes  No
16. Are all inexperienced employees under the guidance and supervision of an employee experienced in the task being performed?  Yes  No
17. Are at least two workers trained in first aid present in each work area at all times?  Yes  No
18. Are all operators of vehicles and machines required to conduct a vehicle inspection to ensure that critical parts like manifold and exhaust systems are free of all flammable materials?  Yes  No
19. Are spark arrestors fitted to all vehicle and machine engine exhaust systems?  Yes  No
20. Does work require close proximity to highways, populated areas, recreational lands or water, or power lines?  Yes  No  
If yes, describe precautionary measures taken, including erosion control or landslide prevention:  
\_\_\_\_\_  
\_\_\_\_\_
21. Are explosives used?  Yes  No  
If yes, describe frequency, methods of storage and transport, amounts and types on hand:  
\_\_\_\_\_  
\_\_\_\_\_
- a. Are blasting operations performed by employees?  Yes  No  
b. Are blasters properly licensed?  Yes  No
22. Public access; does the forest have:  
No public access at all times  Yes  No  
Monitored public access  Yes  No If yes, how often? \_\_\_\_\_  
Unlimited public access  Yes  No
23. Are all visitors required to check in with the site supervisor?  Yes  No  
If yes, are they issued and required to wear personal protective equipment (e.g., hard hats, ear plugs, goggles)?  Yes  No
24. What precautions has the insured taken to prevent visitors from wandering around the worksite unaccompanied?  
\_\_\_\_\_  
\_\_\_\_\_
25. Is communication equipment available on job site for fire or other emergencies?  Yes  No
26. Do subcontractors perform any part of your operation?  Yes  No  
If yes, what part? \_\_\_\_\_  
Are Certificates of Insurance required from all subcontractors?  Yes  No  
What are the minimum liability limits required from the subcontractors? \$ \_\_\_\_\_  
Do you require subcontractors add you as an additional insured to their General Liability Policy?  Yes  No
27. Do you engage in any manufacturing operations in conjunction with logging?  Yes  No  
If yes, state nature of operations and total annual receipts: \$ \_\_\_\_\_
28. Indicate skidding methods used in your operations (show as a percentage of your operations):  
Ground \_\_\_\_% Cable \_\_\_\_% Helicopter \_\_\_\_% Balloon \_\_\_\_% Draft Animals \_\_\_\_% Other \_\_\_\_%  
If "Other" is shown, describe methods: \_\_\_\_\_
29. Does insured permit drivers of non-owned vehicles to assist in loading operations?  Yes  No
30. Does the insured build roads for timber access?  Yes  No  
If yes, is the insured responsible for locating or surveying the roads?  Yes  No
31. Does the insured build, construct or operate logging railroad(s)?  Yes  No



32. Does the insured build or construct bridges or culverts?  Yes  No
33. Does the insured do any paving or concrete work?  Yes  No
34. Does the insured own, lease or operate a saw mill or planing mill?  Yes  No
- If yes, what is the insured's finished product? \_\_\_\_\_
  - Any pressure or other preservative treatment of wood or lumber?  Yes  No
35. Does the insured do any residential tree removal, trimming or pruning?  Yes  No  
 If yes, approximate percentage of annual receipts received for tree service? \$ \_\_\_\_\_
36. Do you conduct "slash" or pit burning? If so, please describe activities and precautions taken to prevent unintended spread of fire: \_\_\_\_\_  
 \_\_\_\_\_
37. If no "slash" or pit burning, describe method(s) of slash disposal: \_\_\_\_\_  
 \_\_\_\_\_

**Payroll/Receipts:**

38. Please list payrolls/receipts for the past year, and the estimated payrolls/receipts for the current year:

Woodworking payroll	Past Year	\$ _____	Estimated Current Year	\$ _____
Logging Payroll	Past Year	\$ _____	Estimated Current Year	\$ _____
Cost of subcontract logging	Past Year	\$ _____	Estimated Current Year	\$ _____
Truck Drivers payroll	Past Year	\$ _____	Estimated Current Year	\$ _____
Cost of subcontract log hauling	Past Year	\$ _____	Estimated Current Year	\$ _____
Road building payroll	Past Year	\$ _____	Estimated Current Year	\$ _____
Bridge or culvert payroll	Past Year	\$ _____	Estimated Current Year	\$ _____
Forestry payroll	Past Year	\$ _____	Estimated Current Year	\$ _____
Saw mills or planing mills sales	Past Year	\$ _____	Estimated Current Year	\$ _____
Retail Sales: (i.e., lumber, mulch, firewood)	Past Year	\$ _____	Estimated Current Year	\$ _____
Blasting Payroll	Past Year	\$ _____	Estimated Current Year	\$ _____
Cost of subcontract blasting	Past Year	\$ _____	Estimated Current Year	\$ _____
Lumberyard Sales	Past Year	\$ _____	Estimated Current Year	\$ _____
Other: Explain _____	Past Year	\$ _____	Estimated Current Year	\$ _____

**Employees:**

39. Number of employees? Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_
40. Are all employees trained to OSHA standards?  Yes  No
41. Describe any formal training/educational requirements: \_\_\_\_\_  
 \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied).

<b>THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.</b>	
Signature of Authorized Representative	Producer's Name
Date	Producer's Signature