



Logging Supplemental Application

Date Completed _____

Name of Insured _____

HQ Location _____

Broker Name _____

Broker Address _____

General Information

Years in Business _____

Number of Employees _____

Annual Payroll by Class (Logging, Forestry, Trucking)

Operational Territories (States & Counties you operate in)

Who Does the Insured Cut For

Operations

Please selected the appropriate description of operation.

Yes No N/A

Any operations not related to logging services? *If yes, describe:*

Any skyline or helicopter yarding operations?

Any logging road construction operations?

Do you engage in slash and burning operations?

Yes No N/A

Contractual

Are formal written contracts in place with landowner?

Any work subcontracted?

- a. Does the insured obtain certificates of insurance
- b. Is the insured given "Additional Insured Status?"
- c. Is there a written contract?
- d. Are subcontractors reviewed by carrier limits at least equal to you?

Logging: _____

Trucking: _____

Contracting: _____

Are telematics utilized in all vehicles? (Explain)

Is there firefighting equipment kept at job site? (Explain)

Any operational controlled burning, including slash burning, done by insured or subcontractor? *If yes, describe.*

Yes No N/A

Inland Marine

Please provide the type of fire suppression system for each piece of equipment

Are fire extinguishers provided in all cabs, trucks, or other?

Does the insured rent, lease, or lend equipment to others? *If yes, please describe in detail.*

Comments:

*By submitting this application you hereby acknowledge that this form is filled out accurately and to the best of your knowledge.
Signatures will be required at bind.