

Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675

A Stock Company

LOGGING AND LUMBERING PROGRAM SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Ge	nera	al Information						
1.	Applicant:							
2.	Re	Requested limits of liability (maximum limits of \$1,000,000 each occurrence/\$1,000,000 aggregate):						
3.		esired Property Damage deductible (minimum \$500 per claim): Other: Other: Other:						
4.	. a. Does ACORD application provide prior carrier and loss history information?							☐ No
		Date Prior Carrier		Loss History				
					·			
						the second secon		
	b.	•	leclined, canceled or no ason(s) for such action:			st three years?	Yes	☐ No
				(Not applicable in	Missouri)			
5.	List membership in trade organizations (such as AF&PA, SAF, TOC, AP&PA):						. .	
6.	Have you attached a sample copy of a logging contract used in your operation?						☐ No	
Op	era	tions						
7.	Describe general geographical area(s) of operations:							
8.			d by percentage of oper	,	•	%		
9.	Any BLM or USFS permits previously denied or revoked?					□ No		
10	or	Does work require close proximity to highways, populated areas, recreational lands or water, or power lines?						
						dslide prevention:		
11	. De	Describe methods used to determine boundaries and identify trees for cutting:						
12	De	Describe measures taken to prevent trespassing and vandalism:						

	b.	Are explosives used? If Yes, describe frequency, methods of stor Are blasting operations performed by employer blasters properly licensed?	age and transport, ar	mounts and types or	n hand:	Yes		No No No
	Des	Describe types, methods of storage, and methods of transportation of chemicals used (including but not limited to be sticides or herbicides, fuel or other flammable liquids):						
15.		. Are there established fire prevention procedures at the job site?						No No
16.	ls c	Is communication equipment available on job site for fire or other emergencies?				Yes		No
17.	De	scribe method(s) of slash disposal:						
18.	. Indicate skidding methods used in your operations (show as a percentage of your operations): Ground% Cable% Helicopter% Balloon% Other% If "Other" is shown, describe methods:							
19.		y manufacturing from logging or lumbering o es, state exact operations and total annual						
20.		e public tours offered? es, how often?						No
Ex	oos	ure Basis						
21.	Pro	ovide estimates of the following operations for	or next year:					
			Payro	· II	Number of e	mplo	vees	
	W	oodworking/	\$					
		ogging	\$					
	Truck Drivers		\$					
		oad Building ridge or Culvert				<u>.</u>		
		orestry	Ф					
		aw mills or planing mills sales	\$\$					
22.	b. c.	Do subcontractors perform any part of your If Yes, indicate type of work subcontracted Logging \$ Log Hauling Describe other subcontract operations and Do all subcontractors provide evidence of i	and total annual cost \$ cost of each: insurance?	t of subcontracted w Blas	ork: sting \$	Yes		No
	d.	Do you require limits equal to or greater that	an your liability limits	<i>(</i>		Yes		No
Inia	and	Marine/Equipment Coverage						
(Co	omp	lete in addition to the ACORD Inland Marine	Application(s))					
23.	Are	e keys removed from equipment when not in	use?			Yes		No
24.	De	scribe anti-theft devices on equipment (such	n as removal of coil or	distributor cap):				
25.	Wł	nere is equipment stored when not in use (le	ft on jobsite, behind f	enced yard, drivewa	y, etc.)?			
26.	De	scribe maintenance program including frequ	iency:					
27.	Do	es operator check equipment on a daily bas						No
		es operator check equipment on a daily bas	is?			Yes		140

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APPLICABLE IN THE STATE OF NEW YORK—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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for in
surance or statement of claim containing any materially false information or conceals for the purpose of misleading, information
mation concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects suc
person to criminal and civil penalties.

Applicant's Signature/Title:	Date:		
Agent's Name:	Agent's License No:		
	(Applicable only in Florida)		