



Commercial Information Section

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

AGENCY: _____
AGENT NAME: _____
ADDRESS: _____

EMAIL: _____
PHONE: _____

PROPOSED EFFECTIVE / EXPIRATION DATES:

From: _____ To: _____
 12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “**NOT APPLICABLE.**”

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Year business started:** _____
3. **Describe all business operations conducted by applicant:** _____

4. Premises information:

Loc #	BLD #	Street, City, County, State, Zip Code	City Limits	Interest
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant

5. Previous carrier and loss information (last five years):

Check if no losses last five years.

Year	Company	Policy #	Premium
Any other insurance with this company or being sub-mitted? (Please list name[s] and/or policy number[s]):			

Date of Loss	Losses Paid/ Reserved	Description of Loss
Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why?		

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT NAME AND TITLE: _____
(PRINT)

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____



LOGGING AND LUMBERING PROGRAM SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

General Information

1. Applicant: _____
2. Requested limits of liability (maximum limits of \$1,000,000 each occurrence/\$1,000,000 aggregate):

3. Desired Property Damage deductible (minimum \$500 per claim): _____ Other: _____
 (Note: Overcut Liability requires a 20% insured participation per claim)

4. a. Does ACORD application provide prior carrier and loss history information? Yes No
 If No, provide last three years of information:

Date	Prior Carrier	Loss History

- b. Has any insurer declined, canceled or nonrenewed coverage during the past three years? Yes No
 If Yes, explain reason(s) for such action: _____

(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? Yes No

Operations

7. Describe general geographical area(s) of operations: _____
8. Indicate contracts held by percentage of operations (total must equal 100%):
 BLM _____% USFS _____% MILL _____% Private _____%
9. Any BLM or USFS permits previously denied or revoked? Yes No
 If Yes, explain reason(s) for denial or revocations: _____

10. 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: _____
11. Describe methods used to determine boundaries and identify trees for cutting: _____
12. Describe measures taken to prevent trespassing and vandalism: _____
13. a. Are explosives used? Yes No
If Yes, describe frequency, methods of storage and transport, amounts and types on hand: _____
- b. Are blasting operations performed by employees? Yes No
- c. Are blasters properly licensed? Yes No
14. Describe types, methods of storage, and methods of transportation of chemicals used (including but not limited to pesticides or herbicides, fuel or other flammable liquids): _____
15. a. Are there established fire prevention procedures at the job site? Yes No
- b. Are fire extinguishers available and/or mounted on equipment? Yes No
16. Is communication equipment available on job site for fire or other emergencies? Yes No
17. Describe 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. Any manufacturing from logging or lumbering operations? Yes No
If Yes, state exact operations and total annual receipts derived from manufacturing: _____
20. Are public tours offered? Yes No
If Yes, how often? _____

Exposure Basis

21. Provide estimates of the following operations for next year:

	Payroll	Number of employees
Woodworking	\$	
Logging	\$	
Truck Drivers	\$	
Road Building	\$	
Bridge or Culvert	\$	
Forestry	\$	

Saw mills or planing mills sales	\$	
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22. a. Do subcontractors perform any part of your operations? Yes No
 If Yes, indicate type of work subcontracted and total annual cost of subcontracted work:
 Logging \$ _____ Log Hauling \$ _____ Blasting \$ _____
- b. Describe other subcontract operations and cost of each: _____

- c. Do all subcontractors provide evidence of insurance? Yes No
- d. Do you require limits equal to or greater than your liability limits?..... Yes No

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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
 (Must be signed by an owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____