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| **APPLICANT:**  Insured Name      *(Include all owned entities, dba names, additional named insureds, individual insureds, if any)*  Insured is: Individual Partnership Corporation | | | | |
| Effective Date | | | Years in Business Under this Name: | Years of Experience in this Field: |
| DOT #:  MC# |  | Are Federal Filings Required? Yes No If yes, list required filings:  Are State Filings Required? Yes No If yes, list required filings by state: | | |
| Carrier Type: Common Contract Private Other:       If Contract Carrier, for whom:  Has the applicant ever filed for bankruptcy under this or prior name? Yes No  Has the applicant ever operated under any other name? Yes No If yes, state the reason for the name change.  Does the applicant have any Subsidiaries? Yes No If yes, provide details of relationship.  Is applicant involved in any operation other than logging? Yes No If yes, please explain: | | | | |

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| **DESCRIPTION OF OPERATIONS:**  Check Type of Operations Applicant Performs: Logger Hauler Timber Dealer Other:  What percentage of operations are mechanized?      %  Type of Cutting Head: Shear  Rotary inspe  Check The Type Of Wood Cut/Hauled: Soft Wood Hard Wood Wood Chip  How Many Round Trips To The Mill Do Your Drivers Do In A Working Day?        Indicate the Type of Logging Applicant Performs: (check all that apply)   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Thinning |  |  | Swamp Logging |  |  | Yarder |  |  | Forest Road Building& Maintenance |  | | Clear Cut |  |  | Conventional Cat |  |  | Reforestation |  |  | Helicopter  Masticating |  |   **COMMODITIES HAULED:** List each type of product hauled and percentage associated with same. (Percentages should total 100%)   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | % |  | % |  | % |  | % | |  | % |  | % |  | % |  | % |   Average Load Value: $       Maximum Load Value: $  Does the Applicant ever haul any of the following commodities? Check all that apply and provide details for same:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Haz Mat |  |  | Equipment |  | | Explosives |  |  | Sand/Dirt/Gravel |  | | Flammables |  |  | Oversize/Overweight |  |   **Power Unit HISTORY:** List the number of power units at policy expiration:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **2019-2020** | **2018-2019** | **2017-2018** | **2016-2017** | **2015-2016** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **SCOPE OF OPERATIONS:**  Average Trip:      miles Max Trip:      miles Describe the general geographical area(s)/cities of operations:   |  |  | | --- | --- | | Describe Radius Of Operations *(total must equal 100%):*       % 0-50 miles       % 51-200 miles       % 201-500 miles       % 501+ miles | Describe Driving (*total must equal 100%):*       % Urban Areas       % Suburban Areas       % Interstate       % Rural |   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. | Pickups & PPTs: | **SHOP** | **WOODS** | **JOBSITE** | **OTHER** |   What is the maximum value of vehicles (power units and trailers) parked at any one location? $  **EQUIPMENT TELEMATICS:**  Are units equipped with GPS Tracking Software? Yes No If no, is applicant willing to install GPS? Yes No  If yes, when was GPS Tracking implemented?  If yes, what driving behavior is monitored:  None Speed Acceleration Braking Cornering Location Other:  Are units equipped with dash cameras? Yes No If no, is applicant willing to install dash cams? Yes No  If yes, when were dash cams implemented  Describe camera locations: Dashboard Driver Facing Dashboard Forward Facing Rear Facing  Describe recording methods: Critical Events Continuous Loop Other:  Are units equipped with Advanced Driver Assistance Systems? Yes No If yes, what features are included:  Collision Avoidance Blind Spot Detection Lane Departure Warning Adaptive Cruise Control  Stability Control System Driver Drowsiness Detection Traffic Sign Recognition Other:  **DRIVERS: PRE-HIRING/ SCREENING:**  Does the applicant obtain or perform: *(check all that apply)*   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Drug Test |  | Road Test |  | Written Test |  | | Reference Check |  | Medical Certificate |  | MVR Review |  |   Do you have a Ride-A-Long Training Program? Yes No If yes, how long in duration?  Minimum Driver Age Requirement:       Minimum Experience Requirement:       How are drivers compensated:  Provide the number of:  Full Time Drivers:      Part Time Drivers:      Owner/Operators (drivers operating their own units for applicant):  With Regard to any Owner/Operators, what is the Annual Cost of Hire? $  Are Owner/Operator Units included on the Vehicle Schedule? Yes No If no, do all operators carry auto liability insurance with  limits equal to or greater than applicant’s policy and provide applicant with additional insured status? Yes No  Average number of drivers annually  Number of driver terminations in last 12 months:       Number of Driver Resignations:  Number of newly hired drivers in the last 12 months:       Average length of employment:  Does the applicant ever use drivers from a temporary driving service or utilize employee leasing? Yes No  If yes, how often  If yes, what is the qualification process for temporary drivers?  **SAFETY PROGRAM:**  Does the applicant have: *(check all that apply)*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Driver Orientation |  | Driver Incentives |  | Written Safety Program | | Full Time Safety Director |  | Safety Meetings |  | Hazardous Waste ID Training |   **MAINTENANCE PROGRAM:**  Does the applicant have an in-house repair facility? Yes No If yes, list types of repairs performed:  Does the applicant have a vehicle maintenance program? Yes No If yes, is the program documented? Yes No  Are maintenance records kept on individual vehicles? Yes No  How often are vehicles inspected?  **LOSS HISTORY:**  Has the applicant ever had insurance for this operation cancelled, declined, or renewal refused? Yes No If yes, list details:  Describe any losses over $25,000 in the last five years:  Are there any open/unreported claims pending?       If yes, list details:  **ADDITIONAL UNDERWRITING QUESTIONS:**  Do any of the applicant’s units have sleeper cabs? Yes No If yes, advise the number of units:  Does the applicant trip lease? Yes No If yes, please explain:  Does the applicant have brokerage authority? Yes No If yes, under what name & MC number:       % of revenue generated  Does the applicant backhaul? Yes No If yes, % of revenue generated       Commodities:  Does the applicant pull double trailers? Yes No Triple Trailers? Yes No  Is this a seasonal operation? Yes No If yes, please explain:  Are the applicant’s trucks equipped with speed governors? Yes No If yes, to what speed are they set:      MPH Are the applicant’s trucks equipped with fender mirrors? Yes No  Does the applicant use electronic log programs to audit driver log books? Yes No  Do the applicant’s drivers load or unload trucks/trailers? Yes No If yes, please explain:  Do the applicant’s drivers place tarps over load? Yes No Adjust/tighten tie-down straps? Yes No  Do drivers perform duties which require climbing onto the trailer or cargo area of the truck? Yes No If yes, please explain:  Does the applicant have Workers Compensation Insurance?  Yes  No If no, are they exempt from WC laws?  Yes  No  **REGARDING EMPLOYEE/NON-OWNED VEHICLES:**  Do employees use their personal vehicles for company business?  Yes  No  Do you require employees to have their own insurance and do you require proof of insurance?  Yes  No  If Yes, what are the minimum liability limits required?  Will non-owned autos other than private passenger types or pickups be used?  Yes  No  **GENERAL LIABILITY:**  Do you always use a written contract for land you remove timber from? Yes No If No, describe:  **\*Attach a sample copy of a logging contract used in your operation**  Do you sign Master Service Agreements (MSA) and/ or other contracts with Mills or Foresters?  Yes  No  If yes, do they require you to name them as an Additional Insured?  Yes  No  Do they require a Wavier of Subrogation?  Yes  No  Are there any other requirements of you related to General Liability or Auto Liability insurance?  Yes  No  If yes, please explain:  Does the contract clearly identify the specific tract of land to be logged with either survey points or maps?  Yes  No  Describe:  Who in your operation is responsible for the proper verification of marking of either trees (thinning) or survey lines to prevent an overcut situation?  Does someone in your operation actually walk the lines? Yes No If No, Why?  Have you ever had an overcut liability claim? Yes No Describe:  What type of fire protection and/or fire suppression do you have available on premise or in the field?  Do you have any sawmill or lumberyard operations? Yes  No  If Yes, please describe:  Products manufactured:  Any chemical treatment?  Yes  No  Any controlled burning including slash burning done by insured or subcontractor? Yes No If Yes, describe:  Are there any operations that are not related to logging services? Yes  No If Yes, describe:  Describe general geographical area(s) of operations:  Any BLM or USFS permits previously denied or revoked? Yes  No  If Yes, explain reason(s) for denial or revocation:  Are explosives used?  Yes  No  If Yes, describe frequency, methods of storage and transport, amounts and types on hand:  Are blasting operations performed by employees?  Yes  No  Are blasters properly licensed?  Yes  No  Are there established fire prevention procedures at the job site?  Yes  No  Are fire extinguishers available on job site for fire or other emergencies?  Yes No  Is communication equipment available on job site for fire or other emergencies?  Yes No  Provide estimate of the operation for the next year:  Logging Payroll:       Number of Employees:  Describe your in woods smoking policy:  Is firewatch conducted after shutdown? Yes No If Yes, by whom:  Describe firewatch procedures:  Has the applicant or any principle of the applicant been arrested for or charged with timber theft? Yes No  If yes, please explain including the disposition of the charges.  **SUBCONTRACTING:**  Do subcontractors perform any part of your operations? Yes No  Please check all types of subcontracting relationships you enter into and annual cost of hire for each:  Hauling:        Other:       Logging:  Describe other subcontracted operations and annual cost of each:  Do all subcontractors carry limits equal to or greater than the limits being requested? Yes No  If Yes, will certificates of insurance be provided from subcontractors naming insured as an “Additional Insured”? Yes  No  Will insured have signed subcontractor agreements with indemnification and hold harmless clauses for all subcontractors with whom they conduct business? Yes No  If No, please describe the method of risk transfer the insured intends to use in place of subcontractor agreements with hold  harmless clauses: | |
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**The applicant hereby submits this supplemental and acknowledges that the information set forth herein is complete and accurate and will form the basis for risk selection decisions.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**