|  |
| --- |
| **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** |
|       |       |       |       |       |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  **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:      MPHAre 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 [ ]  NoDo 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 [ ]  NoAny 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 [ ]  NoAre blasters properly licensed? [ ]  Yes [ ]  NoAre there established fire prevention procedures at the job site? [ ]  Yes [ ]  NoAre fire extinguishers available on job site for fire or other emergencies? [ ]  Yes [ ] NoIs communication equipment available on job site for fire or other emergencies? [ ]  Yes [ ] NoProvide 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 [ ] NoPlease 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 [ ]  NoWill 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 holdharmless 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**