

**Scottsdale Insurance Company**  
Home Office: One Nationwide Plaza  
Columbus, Ohio 43215  
Adm. Office: 8877 North Gainey Center Drive  
Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
Adm. Office: 8877 North Gainey Center Drive  
Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
Home Office: One Nationwide Plaza  
Columbus, Ohio 43215  
Adm. Office: 8877 North Gainey Center Drive  
Scottsdale, Arizona 85258

**LOGGING AND LUMBERING SUPPLEMENTAL APPLICATION**

(Complete in addition to ACORD General Liability Application)

Applicant's Name: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** 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" (N/A)

**APPLICANT PREMISES OPERATIONS INFORMATION**

1. **Named Insured as it is to appear on policy:** \_\_\_\_\_
  2. **Doing Business As:** \_\_\_\_\_
  3. **Mailing Address:** \_\_\_\_\_
  4. **Location of business (if different):** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_
  5. **Website Address:** \_\_\_\_\_
  6. **Years in business:** ..... \_\_\_\_\_  
List all states in which applicant performs operations: \_\_\_\_\_
  7. **Requested limits of liability (maximum limits of \$1,000,000 each occurrence/\$2,000,000 aggregate):** \_\_\_\_\_  
\_\_\_\_\_
  8. **Desired Property Damage deductible (minimum five hundred dollars [\$500] per claim):** ..... \_\_\_\_\_  
Other: \_\_\_\_\_  
(Note: Overcut Liability requires a twenty percent [20%] insured participation per claim)
  9. **Number of job sites anticipated during the policy period:** ..... \_\_\_\_\_
  10. **Describe general geographical area(s) or operations:** \_\_\_\_\_  
\_\_\_\_\_
  11. **Does work require close proximity to highways, populated areas, residential areas, recreational lands or water, or power lines?**.....  Yes  No  
If "Yes," describe precautionary measures taken, including erosion control or landslide prevention: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What percentage of the total trees to be harvested are within two hundred (200) feet of a residential structure?** ..... \_\_\_\_\_



What safeguards do you have in place to protect bystanders and structures? \_\_\_\_\_

How are road entrances leading to logging sites secured? \_\_\_\_\_

12. Describe methods used to determine boundaries and identify trees for cutting: \_\_\_\_\_

13. Describe measures taken to prevent trespassing and vandalism: \_\_\_\_\_

14. What type of logging and other work do you perform?

- Conventional Cat: \_\_\_\_\_%     Clear cutting: \_\_\_\_\_%     Controlled/Prescribed Burns: \_\_\_\_\_%
- Forest Road Building/Maintenance: \_\_\_\_\_%     Helicopter: \_\_\_\_\_%     Masticating: \_\_\_\_\_%
- Mechanical: \_\_\_\_\_%     Reforestation: \_\_\_\_\_%     Type of cutting head: \_\_\_\_\_
- Other (explain): \_\_\_\_\_%

15. Indicate contracts held by percentage of operations (total must equal one hundred percent [100%]):

- BLM: \_\_\_\_\_%     USFS: \_\_\_\_\_%     MILL: \_\_\_\_\_%     Private: \_\_\_\_\_%     State: \_\_\_\_\_%
- Other (explain): \_\_\_\_\_%

16. Any BLM or USFS permits previously denied or revoked? .....  Yes  No

If "Yes," explain: \_\_\_\_\_

17. Does the applicant spray for gypsy moth, or perform any other gypsy moth eradication?.....  Yes  No

18. If operating in a state with known gypsy moth infestation, does the applicant inspect and certify gypsy moth free all trees, logs, pulpwood or wood chips shipped to uninfested states? .....  Yes  No

19. Describe training provided to employees in the proper use of fire tools? \_\_\_\_\_

20. Are fire tools and equipment kept on active landing? .....  Yes  No

21. How often are fire tools and spark arrestors inspected? \_\_\_\_\_

22. What is your wood smoking policy? \_\_\_\_\_

23. Are all engine guards in place? .....  Yes  No

If "No," explain: \_\_\_\_\_

24. Is fire watch conducted after shutdown? .....  Yes  No

By whom: \_\_\_\_\_

Describe procedures: \_\_\_\_\_

25. How often do you clean combustible debris from Clippers and Fellerbunchers? .....  Daily  Other  N/A

26. Will slash be burned during the policy period? .....  Yes  No

Types of slash burning:  Landing piles     Lopping piles     Other    Time of year burned? \_\_\_\_\_

How many times a year? .....

27. Indicate skidding methods used in your operations:

Ground: \_\_\_% Cable: \_\_\_% Helicopter: \_\_\_% Balloon: \_\_\_% Other: \_\_\_%

If "Other" is shown, describe methods: \_\_\_\_\_

28. Do you work within fifty (50) miles of your main location? .....  Yes  No

If "No," explain: \_\_\_\_\_

29. Do you do any residential tree removal, pruning, topping or trimming? .....  Yes  No

If "Yes," what is the percentage of the operation? ..... %

30. What firefighting equipment is maintained on each logging site? \_\_\_\_\_

31. Are you currently involved or have ever been involved in firefighting operations?.....  Yes  No

If "Yes," explain: \_\_\_\_\_

32. 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

33. Do you and your employees use portable communication devices at the logging site under a buddy system? .....  Yes  No

34. 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): \_\_\_\_\_

35. Any manufacturing from logging or lumbering operations? .....  Yes  No

If "Yes," state exact operations and total annual receipts from manufacturing: \_\_\_\_\_

36. Are public tours offered? .....  Yes  No

If "Yes," how often? \_\_\_\_\_

37. Are visitors and workers prohibited from smoking while at the jobsite? .....  Yes  No

38. Do you have any prior allegations of impairment to fish or wildlife habitats? .....  Yes  No

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

|                                  | Payroll | Number of Employees |
|----------------------------------|---------|---------------------|
| Bridge or Culvert                | \$      |                     |
| Forestry                         | \$      |                     |
| Logging                          | \$      |                     |
| Road Building                    | \$      |                     |
| Saw mills or planing mills sales | \$      |                     |
| Truck Drivers                    | \$      |                     |
| Woodworking                      | \$      |                     |

40. 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: \$ \_\_\_\_\_

Describe other subcontract operations and cost of each: \_\_\_\_\_

Do all subcontractors provide evidence of insurance? .....  Yes  No

Do you require limits equal to or greater than your liability limits? .....  Yes  No

Do you require signed hold harmless agreements? .....  Yes  No

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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE 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 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 STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.