

Logging Equipment Coverage Supplement

Request a Quote

Contact Information

Please Provide your agency Information

Agency

Contact Name

<input type="text"/>	<input type="text"/>
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First Name

Last Name

E-mail

Phone

<input type="text"/>	<input type="text"/>
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Area Code

Phone Number

Fax

<input type="text"/>	<input type="text"/>
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Area Code

Phone Number

Insured Information

Please Provide the insured's information

Named Insured

Proposed Effective Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Month

Day

Year

Company Type

Indiv/Partnership/Corp/LLC/Other

Names of Principals

Address

City

State

Postal/Zip Code

Type of Business:

Radius of Operation:

Date Business Started:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Month

Day

Year

Experience of Operators:

Provide complete description of operations performed and how equipment will be used:

Prior Carrier

What other coverage do you write?

Agent's Recommendation/Know Personally?

Overall Financial Condition/Net Worth:

Bankruptcies /Tax or Credit liens within the past 5 years:

Any policy or coverage Declined, Cancelled or Non-Renewed in prior 3 years?

☐ No

☐ Yes

Current Terms & Deductibles:

Prior Losses (Last 5 Years) Provide Details:

Logging Risks – Contracted With?

Maintenance Program / Safety Program in place?

☐ No

☐ Yes

Garage address of equipment when not in use:

Fire extinguishers / fire suppression located on units? Provide details:

Any equipment leased, rented, loaned to or from others? Provide details:

Any equipment used underground or over water? Provide details:

Unit Information

To bind need complete description of units – Year, Make, Model, Serial # -- and if modifications to units provide detailed descriptions.

Unit	Year	Make & Model	Serial #	Limit of Insurance

Signature

Date