

**Note to General Agent: Refer to SMART Card for Eligibility criteria.**

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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**BUSINESS INFORMATION**

- Website Address:
- E-Mail Address:
- Number of years' experience as a contractor:
- # of Owners: Gross Sales: \$
- # of Employees: Employee Payroll: \$
- Receipts for previous three years:  
Year 20 \$ Year 20 \$ Year 20 \$
- Years in Business: Years of Logging Experience:
- Does your business comply with applicable laws and ordinances pertaining to licensing or codes? ☐ Yes ☐ No
- Are employees trained to OSHA standards? ☐ Yes ☐ No
- Loggers Third Party Property Damage Liability Limit requested:  
☐ \$25,000 ☐ \$50,000 ☐ \$75,000 ☐ \$100,000 ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000
- Bodily Injury/Property Damage Deductible requested: ☐ \$1,000 ☐ \$2,500 ☐ \$5,000

**PREQUALIFICATION**

If answer is Yes to any question in this Prequalification Section, you are not eligible for this program.

	Yes	No
1. Are explosives used or blasting operations performed by your employees or subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you use aircraft, helicopter or watercraft?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you contracted to fight forest fires, obtain firefighting equipment, contractors or subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you own, lease or operate a sawmill or planing mill (including portable)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you work for utility companies?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you build or construct bridges, tunnels or dams?	<input type="checkbox"/>	<input type="checkbox"/>

**LOGGING OPERATIONS**

Check applicable activity types your firm engages in: (Total should equal 100%.)

<input type="checkbox"/> Felling	%	<input type="checkbox"/> Excavation	%
<input type="checkbox"/> Tree Trimming	%	<input type="checkbox"/> Trucking For Hire	%
<input type="checkbox"/> Log Road Building	%	<input type="checkbox"/> Forestry Service/Timber Management	%
<input type="checkbox"/> Slash Burning	%	<input type="checkbox"/> Other	%
<input type="checkbox"/> Skidding	%	Describe:	

1. Describe your Logging Operation:

2. Areas of Operation (states, counties, towns or regions):

	Yes	No
3. Do you own the land upon which you or others are operating?	<input type="checkbox"/>	<input type="checkbox"/>
If No, are all required permits in place with appropriate authorities?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a contract with the property owners?	<input type="checkbox"/>	<input type="checkbox"/>
5. Describe precautions taken to prevent trespassing onto others land:		

6. Describe methods used to determine boundaries and identify trees for cutting:

7. Do you engage in any manufacturing or woodworking operations in conjunction with logging? ☐ Yes ☐ No

If Yes, Nature of operations:

Total annual receipts: \$

8. 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:

Describe safeguards taken to protect bystanders and structures:

9. **Slash Burning Operations** ☐ **N/A**

Is burning only done at times or under conditions not approved, directed or authorized by proper government officials?

☐ Yes ☐ No

If No, explain:

Are any burning operations done in residential or populated areas? ☐ Yes ☐ No

If Yes, explain:

10. <b>Activities and Precautions taken to prevent unintended spread of fire:</b>	<b>Yes</b>	<b>No</b>
a. Are there established fire prevention procedures at the job site?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are fire extinguishers available and/or mounted on equipment?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are spark arrestors fitted to all vehicle and machine engine exhaust systems?	<input type="checkbox"/>	<input type="checkbox"/>
d. Does someone remain on site to ensure equipment has cooled down prior to leaving?	<input type="checkbox"/>	<input type="checkbox"/>
e. Describe other preventive measures:		

#### **PAYROLL/SUBCONTRACTORS**

1. Provide the following payroll figures:	<b>Owners</b>	<b>Employees</b>	<b>Subcontractors</b>
	\$	\$	\$
2. Do you subcontract any of your logging and/or ancillary work or operations to any third parties?			
If Yes, describe work subcontracted:			
3. Do all your subcontractors provide evidence of insurance equal to or greater than your liability limits?			
4. Are you named as an Additional Insured on subcontractor policies?			
5. Do all subcontractors provide evidence of Loggers Broad Form coverage equal to the limit being requested?			

#### **IMPORTANT NOTICE**

#### **DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

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

#### **SIGNATURES**

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		