Date:_____

LOGGERS GENERAL LIABILITY RENEWAL APPLICATION

Bellingham UNDERWRITERS

114 W Magnolia St. Ste 505, Bellingham,
WA 98225
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Agency:_____

Producer:_____

Phone:_____

Fax:_____

1. General Information

Applicant Legal Name: _____

Name of Owner if Corporation or LLC:_____

DBA:_____

Mailing Address:_____

Physical Address:_____

_____

Even though this is a renewal we ask that you provide specific details on type of business with details on any and all changes which have occurred during the past policy term or that may be contemplated in the coming year: (e.g. limits, operations)
Please outline anything in the space below that is not clearly explained in the response to the application questions which follow:

2. Exposure

Description	Class Code	Exposure Basis	Exposure
Logging & Lumbering (incl. log road building)	97111	Payroll	
Portable Sawmills or Planing Mills (Lumber)	58873	Receipts	
Wood Products Mfg.	59985	Receipts	
Forestry Service – Timber Mgmt.	43822	Payroll	
Quarries	98555	Payroll	
Sand or Gravel Digging (other than logging)	98710	Payroll	
Blasting Operations	91210	Payroll	
Building Materials Dealer	10255	Receipts	
Building or Premises – LRO	61212	Area	
Contractors Permanent Yard	91590	Payroll	
Dwellings – 1 Family – LRO	63010	Each	
Subcontractors (non trucking)	91581	Cost of Hire	
Vacant Land	49451	Acreage	
Warehouse – Private	68707	Area	
Herbicide/Pesticide Application	_____	Payroll	
Truckers	99793	Payroll (Mechanics)	
Other			

3. Equipment Schedule - Please complete section below or attach a schedule of Contractor's Logging Equipment even if you are not looking for coverage.

Type of Equipment (examples: Chainsaws, Feller Bunchers, Log Loaders)

4. Employees/Subcontractors – All questions must be answered.

1. What is the number of people employed by the insured in each of the following areas?

Chainsaw Operations – Felling/Bucking	_____	Mechanic / Maintenance / Warehouseman	_____
Equipment Operators	_____	Office/Clerical/Dispatch	_____
Choker Setter	_____	Blasting/Demolition	_____
Mill Operations	_____	Other _____	_____
Timber Cruisers	_____		

2. In which of the following activities or functions is the insured or subcontractor involved in/or responsible for? **(check all that apply)**

	Insured	% of Operations	Subcontractor	% of Operations
Forestry Services – Brush Clearing Mechanical	☐		☐	
- Herbicide Pesticide Applicators	☐		☐	
- Reforestation (Non-Mechanical Planting or Thinning)	☐		☐	
Fire Prevention Contractors – Off Fire Line	☐		☐	
On fire line	☐		☐	
Firewood Collecting / Cutting Disturbing (Including Burls)	☐		☐	
Loading and Unloading Log Trucks with Mechanical Loader	☐		☐	
Log Road Building Without Blasting – Unpaved Roads	☐		☐	
- With Blasting – Unpaved Roads	☐		☐	
Orchard Trimming / Horticultural services	☐		☐	
Other Forest Products Harvesting (Pine Cones, Mushrooms, Etc.)	☐		☐	
Slash Stacking and Burning	☐		☐	
Timber Cruising/Surveying	☐		☐	
Timber Felling (Including Cutting and Bucking)				
- Felling with Chain Saws in the Woods	☐		☐	
- Tree Service, Residential, Hazard Tree	☐		☐	
- Tree Service, Residential but no Hazard Tree	☐		☐	
- With Feller Bunchers or Power Shears	☐		☐	
Timber Processing in the Woods – Chipping	☐		☐	
- Mechanical Delimbing	☐		☐	
- Stump Grinding	☐		☐	
Yarding Operations - Ground Skidding Only	☐		☐	
- Helicopter	☐		☐	
- Non-Mechanical (Horse or Ox)	☐		☐	
- Tower	☐		☐	
- Tower with Sky Carriage	☐		☐	
Quarry / Rock and Gravel Operations	☐		☐	
Trucking				
- Log Hauling	☐		☐	
- Chip Hauling	☐		☐	
		Total to equal 100%		**Total to equal 100%**

3. Does the insured perform any operations other than logging and lumbering? ☐ Yes ☐ No

If "Yes," please explain:_____

4. If the insured subcontracts work, other than hauling, please indicate cost of hire on page 1 and complete the following:

A. Are certificates of insurance required from each subcontractor? ☐ Yes ☐ No

B. Is the insured named as an additional insured on the subcontractor's policy? ☐ Yes ☐ No

C. What are the minimum limit requirements? _____

D. Are subcontractors required to carry Logger's Broad Form Property Damage Coverage? ☐ Yes ☐ No

E. Please provide a copy of the contract/agreement between the subcontractor and insured, if PNC is needed.

F. Do you use a hold harmless agreement when using subcontractors? ☐ Yes ☐ No

5. Does the insured do any residential tree removal, pruning, topping, or trimming? ☐ Yes ☐ No

If "Yes," what is the percentage of the insured's operation? _____%

6. Does the insured or his subcontractors do any blasting ☐ Yes ☐ No
If "Yes," please complete the Blasting Supplemental

7. For whom is the insured working? _____

8. Which states does the insured primarily work?_____

9. Does the insured do any work for any gas or electric company such as PG&E? ☐ Yes ☐ No

10. Has the insured entered into any written or verbal contracts that require a hold harmless, waiver of subrogation or primary/non-contributory wording? ☐ Yes ☐ No

If "Yes,", please explain and attach a copy of the contract: _____

11. There is no charge for additional insureds, however, please provide a list of the additional insureds for our file. Attach list if necessary.

_____

5. Operations

1. Which of the following characteristics best describe the area in which the insured operates? Include percentages where applicable.

Land Ownership	% of Operation (100% Total)
Owned by Insured	_____
Other Private Property	_____
Federal (DNR, BLM, USFS)	_____
State Owned	_____
National Forests	_____
Other: _____	_____

Types of Forest	% of Operation (100% Total)
Coastal & Western Mountain Slope	_____
Eastern Slope Dryland	_____
Centrally Located/Both Types of Forest	_____

Terrain Type	% of Operation (100% Total)
Flat & Accessible	_____
Mixed or Unsure	_____
Steep & Inaccessible	_____

Accessibility	Check all that apply
Residential/Suburban	☐
Rural Open Access	☐
Remote Open Access	☐
Rural Controlled Gate	☐
Remote Controlled Gate	☐

6. Additional Information

7. Insured/Producer Signature

APPLICANT PLEASE READ

FRAUD WARNING:

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

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.

Applicable in KY, NY, OH and PA

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 to exceed five thousand dollars and the stated value of the claim for each such violation)*.
*Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: By signing below, I acknowledge that I have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements and answers are a just, true and full exposition of all of the facts and circumstances with regard to the risk to be insured.

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____