

Date: _____

LOGGERS GENERAL LIABILITY APPLICATION



Bellingham
UNDERWRITERS

114 W Magnolia St. Ste
505,
Bellingham, WA 98225
Phone: 360-671-0500
Fax: 360-671-3959

Agency: _____

Producer: _____

Phone: _____

Fax: _____

1. General Information

Applicant Legal Name: _____

Name of Owner if Corporation or LLC: _____ FEIN#: _____

DBA: _____

Mailing Address: _____

Physical Address: _____

Applicant is: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC/LLP ☐ Other _____

Years in Business: _____ If under 3 years, years experience: _____ Proposed Effective Date: _____

New Venture: ☐ Yes ☐ No If Yes, insured's DOB: _____

Contact for Inspection: _____ Phone: _____

Fax: _____ E-Mail: _____

2. Coverage History

Current Carrier: _____ Premium: _____

Is this account currently written by your agency? ☐ Yes ☐ No

Is this a mid-term replacement? ☐ Yes ☐ No

If "Yes," please explain: _____

Other _____

Carriers Quoting: _____

Prior Carriers	Limits	Premium	Term
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has the insured maintained commercial insurance for the past 12 months? ☐ Yes ☐ No

If "No," please explain: _____

Has the insured had their coverage cancelled or non-renewed in the last five years? ☐ Yes ☐ No

If "Yes," please explain: _____

3. Limits/Deductibles/Special Coverages

LIMIT/DEDUCTIBLES

Each Occurrence	☐	\$1,000,000	☐	\$2,000,000	Deductible \$ _____ ☐ PD ☐ BI ☐ BI/PD (\$1,000 minimum)
General Aggregate		\$2,000,000		\$3,000,000	
Products Aggregate		\$2,000,000		\$3,000,000	
Loggers Broad Form PD	☐	\$1,000,000		\$2,000,000	Deductible \$ _____ (\$1,000 minimum)
Fire Damage		\$100,000			
Medical Payments		\$5,000			
Log Loading & Unloading		\$100,000			Deductible \$250
Employee Benefits Liability		\$ _____			
Employer's Liability (Stop Gap)		\$ _____			
Other _____		\$ _____			

4. Exposure

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

5. 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)

6. 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
Equipment Operators

Choker Setter

Mill Operations

Timber Cruisers

Mechanic / Maintenance /

Warehouseman

Office/Clerical/Dispatch

Blasting/Demolition

Other

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. For whom is the insured working? _____

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

6. If the insured subcontracts work, other than hauling, please indicate cost of hire on page 2 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 Loggers 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
7. There is no charge for additional insureds, however, please provide a list of the additional insureds for our file. Attached list if necessary.
8. 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: _____

7. Operations

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

<u>Land Ownership</u>	<u>% of Operation (100% Total)</u>	<u>Types of Forest</u>	<u>% of Operation (100% Total)</u>	<u>Accessibility</u>	<u>Check all that apply</u>
Owned by Insured	_____	Coastal & Western Mountain Slope	_____	Residential/Suburban	☐
Other Private Property	_____	Eastern Slope Dryland	_____	Rural Open Access	☐
Federal (DNR, BLM, USFS)	_____	Centrally Located/Both Types of Forest	_____	Remote Open Access	☐
State Owned	_____	<u>Terrain Type</u>	<u>% of Operation (100% Total)</u>	Rural Controlled Gate	☐
National Forests	_____	Flat & Accessible	_____	Remote Controlled Gate	☐
Other: _____	_____	Mixed or Unsure	_____		
		Steep & Inaccessible	_____		

2. Does the insured own, lease or operate a quarry or sand/gravel operation? ☐ Yes ☐ No If "Yes,"

A. Where is the operation located? _____

B. Is the location fenced? ☐ Yes ☐ No

C. Are any products sold to others? ☐ Yes ☐ No

If "Yes," please describe: _____

D. Does the insured own any vacated quarries? ☐ Yes ☐ No

If "Yes," is it fenced? ☐ Yes ☐ No

3. Does the insured or his subcontractors do any blasting? ☐ Yes ☐ No

If "Yes," please complete the Blasting Supplemental

4. Does the insured own, operate or lease a sawmill or pulp mill? ☐ Yes ☐ No If "Yes,"

A. Is it a portable sawmill? ☐ Yes ☐ No

B. What is the insured's finished product? _____

C. Who are the primary purchasers of the product? _____

5. Does the insured or his subcontractors do any herbicide or pesticide spraying? ☐ Yes ☐ No If "Yes,"

A. What is the method of application? ☐ Backpack ☐ Aerial ☐ Other _____

B. What chemicals are used? _____

6. Does the insured work within 50 miles of their main location? ☐ Yes ☐ No

If "No," Please explain: _____

7. Which states does the insured primarily work? _____

8. Does the insureds work require close proximity (within 250 ft.) to highways, populated areas, recreational lands, or powerlines? ☐ Yes ☐ No

If "Yes," please explain _____

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

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

10. What controls does the insured use to prevent unintentional trespass, cutting of others' trees?

Please describe: _____

11. What fire-fighting equipment is maintained on each logging site? _____

12. Is the insured currently involved in or have they ever been involved in firefighting operations? ☐ Yes ☐ No

If "Yes," please describe: _____

13. Does the insured maintain refueling equipment on any logging site? ☐ Yes ☐ No

If "Yes," please describe: _____

14. Does the insured maintain any permanent fuel storage or refueling facilities? ☐ Yes ☐ No If "Yes,"

A. How many tanks? _____ B. When were they installed? _____

C. What are the tanks' capacities (gallons)? _____

D. Are the tanks above or below ground? ☐ Above ☐ Below

If below ground, does the insured have UST (Underground Storage Tank) coverage? ☐ Yes ☐ No

If "Yes," please list carrier and limits: _____

E. How are the tanks/pumps protected from vehicular collision? _____

15. Does the insured provide any equipment repair or services for others? ☐ Yes ☐ No If "Yes,"

A. For whom are they doing repairs? _____

B. Are they doing any major repairs? ☐ Yes ☐ No If "Yes," please describe: _____

C. What are their receipts for this portion of their operation? \$ _____

8. Loss History - Please include currently valued loss runs for the prior four years

If currently valued loss runs are not available, please provide the reason and list all known and/or reported losses (or claims where no loss payment was made) for the past four (4) years (attach another sheet if necessary).

Date of Loss	Coverage	Description of Loss	Paid	Reserved	Status
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

9. 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: _____