

LOGGING AND LUMBERING PROGRAM SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

General Information:

1. Business Name (dba): _____
2. Legal Name: _____
3. Contact Person: _____ Phone: _____ Fax: _____
4. Email address: _____ Web Site _____

Description of Operations and Exposures:

5. _____
6. List membership in trade organizations (such as AF&PA, SAF, TOC, AP&PA)
7. Have you attached a sample copy of a logging contract used in your operations? Yes No

Prior Carrier Information: (If this information is provided on the ACORD application, omit item 8.)

Carrier	Premium	Policy Number	Effective Date

Claim, Loss & Incident Information: No. Losses, Claims or Incidents:
 (If this information is provided on the ACORD application, omit item 9.)

Date of Loss	Description of Loss	Amount of Claim or Loss	Date Valued	Open or Closed?

Operations:

8. General areas of operation, topography _____
9. Do you own the land upon which you are operating? Yes No.
 If No, are proper permits and contracts in place with the owners? _____
10. Describe methods used to determine boundaries and identify trees for cutting:

LOGGING AND LUMBERING PROGRAM SUPPLEMENTAL APPLICATION

11. In conditions of extreme fire danger (as measured by the fire weather index) are harvesting and civilian operations
- Ceased (i.e., no harvesting or other operations) Yes No
 - Scaled down or cease in "very high" to "extreme" fire danger conditions Yes No
 - Continued (i.e., no change to operation) Yes No
12. Is the firefighting equipment (working fire extinguishers) carried by vehicle, machine, and chainsaw operators at all times? Yes No
13. Are all operators of vehicles and machines required to conduct a vehicle inspection to ensure that critical parts like manifold and exhaust systems are free of all flammable materials? Yes No
14. Are spark arrestors fitted to all vehicle and machine engine exhaust systems? Yes No
15. Does work require close proximity to highways, populated areas, recreational lands or water, or power lines? Yes No
If yes, describe precautionary measures taken, including erosion control or landslide prevention:

16. a. Are explosives used? Yes No
If yes, describe frequency, methods of storage and transport, amounts and types on hand:
b. Are blasting operations performed by employees? Yes No
c. Are blasters properly licensed? Yes No
17. Public access; does the forest have:
- No public access at all times Yes No
 - Monitored public access Yes No If
 - yes, how often? _____
 - Unlimited public access Yes No
18. Is communication equipment available on job site for fire or other emergencies? Yes No
19. Do subcontractors perform any part of your operation? Yes No
If yes, what part? _____
Are Certificates of Insurance required from all subcontractors? Yes No
What are the minimum liability limits required from the subcontractors? \$ _____
Do you require subcontractors add you as an additional insured to their General Liability Policy?
 Yes No
20. Do you engage in any manufacturing operations in conjunction with logging? Yes No
If yes, state nature of operations and total annual receipts: \$ _____
21. Indicate skidding methods used in your operations (show as a percentage of your operations):
Ground _____% Cable _____% Helicopter _____% Balloon _____% Other _____%
If "Other" is shown, describe methods: _____
22. Does the insured build roads for timber access? Yes No
If yes, is the insured responsible for locating or surveying the roads? Yes No
23. Does the insured build or construct bridges or culverts? Yes No
24. Does the insured do any paving or concrete work? Yes No
25. Does the insured own, lease or operate a sawmill / planingmill? Yes No
If yes, what is the insured's finished product? _____
26. Does the insured do any residential tree removal, trimming or pruning? Yes No If
yes, approximate percentage of annual receipts received for tree service? \$ _____

LOGGING AND LUMBERING PROGRAM SUPPLEMENTAL APPLICATION

27. Do you conduct "slash" or put burning? Yes No If so, please describe activities and precautions taken to prevent unintended spread of fire: _____

28. If no "slash" or pit burning, describe method(s) of slash disposal: _____

Receipts:

29. Please list receipts for the past year, and the estimated receipts for the current year:

Woodworking payroll	Past Year	\$	Estimated Current Year	\$
Logging Payroll	Past Year	\$	Estimated Current Year	\$
Cost of subcontract logging	Past Year	\$	Estimated Current Year	\$
Truck Drivers payroll	Past Year	\$	Estimated Current Year	\$
Cost of subcontract log hauling	Past Year	\$	Estimated Current Year	\$
Road building payroll	Past Year	\$	Estimated Current Year	\$
Bridge or culvert payroll	Past Year	\$	Estimated Current Year	\$
Forestry payroll	Past Year	\$	Estimated Current Year	\$
Sawmills or planingmills sales	Past Year	\$	Estimated Current Year	\$
Retail Sales: (i.e., lumber, mulch, firewood)	Past Year	\$	Estimated Current Year	\$
Other	Past Year	\$	Estimated Current Year	\$

Employees:

30. Number of employees? Full-Time _____ Part-Time _____

31. Are all employees trained to OSHA standards? Yes No

Describe any formal training/educational requirements: _____

SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

ARKANSAS:

"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."

COLORADO:

"IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR

LOGGING AND LUMBERING PROGRAM SUPPLEMENTAL APPLICATION

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."

DISTRICT OF COLUMBIA:

"WARNING: 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."

FLORIDA:

"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."

KENTUCKY:

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

LOUISIANA:

"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."

MAINE:

"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."

MARYLAND:

"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."

NEW JERSEY:

"ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NEW MEXICO:

"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 CIVIL FINES AND CRIMINAL PENALTIES."

OHIO:

"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."

OKLAHOMA:

"WARNING: 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."

LOGGING AND LUMBERING PROGRAM SUPPLEMENTAL APPLICATION

OREGON:

"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 MAY BE GUILTY OF INSURANCE FRAUD."

PENNSYLVANIA:

"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."

RHODE ISLAND: (SEE ALSO "OTHER STATES" NOTICE THAT APPLIES.) "THE FAILURE TO DISCLOSE A CONVICTION FOR ARSON MAY SUBJECT THE APPLICANT TO CRIMINAL PENALTIES."

TENNESSEE; VIRGINIA; 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."

OTHER STATES including but not limited to:
RHODE ISLAND; WEST VIRGINIA:

WARNING: 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 MAY BE GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME, AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NEW YORK:

"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."

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

Applicant Name (Name of Company)	Producer's Name
Signature of Authorized Representative	Producer's Signature
Print Name	Producer's Phone
Title	Producer's Fax
Date	Producer's Email

LOGGING AND LUMBERING PROGRAM SUPPLEMENTAL APPLICATION