

Logging Questionnaire



GENERAL INFORMATION

Company Name: _____

Contact Person: _____

Telephone: _____ Mobile: _____ Fax: _____

E-Mail: _____

Mailing Address: _____

Physical Address: _____

Name of Owners/Officers/Partners:	Title	% of Ownership
_____	_____	_____
_____	_____	_____

Form of Business (x): _____ Years In Business: _____

Individual: Timber Operators License # : _____

Partnership: Federal Employer ID# : _____

Corporation: ACL Member: Yes No

Are you a certified ProLoggerSM Yes No

Description of Operations: _____

Has any policy or coverage been declined, cancelled or non-renewed during last 4 years?

Yes No If Yes Explain: _____

TYPE OF COVERAGES REQUESTED (X)

Property <input type="checkbox"/>	Umbrella <input type="checkbox"/>
General Liability <input type="checkbox"/>	If X, please advise of limits: 1MM <input type="checkbox"/> 2MM <input type="checkbox"/> 3MM <input type="checkbox"/>
Commercial Auto <input type="checkbox"/>	Other limit: _____
Inland Marine (Equipment) <input type="checkbox"/>	Other Coverage: _____
Motor Truck Cargo (Property of others being hauled by you) <input type="checkbox"/>	

TYPES OF OPERATION – INSERTED

Do your harvest plans include trees within 200 feet of a residential structure? Yes No

Do you perform tree trimming or tree services? Yes No

Are you involved in any burning operations? Yes No

GENERAL LIABILITY / LOGGERS BROAD FORM COVERAGE

Effective Date of Coverage: _____

Number of years experience in woods operations: As Owner _____ As Employee _____

Any business ventures or owned premises other than logging? (explain) _____

Estimate of Annual Payroll Per Classification: (Include \$33,600 for each owner or partner):

Logging: _____ Road Construction (logging roads): _____

Forestry: _____ Road Construction (other than logging): _____

Mechanics, Dispatchers (if trucking operation): _____

Other (specify): _____

Total Number of Employees: _____

Estimate of Subcontract Costs:

Logging/Falling: _____ Log Hauling: _____

Other (specify): _____

Describe subcontracted work (other than falling / hauling): _____

Do you require subcontractors to sign hold harmless agreements in your favor: Yes No

Provide Certificate of Insurance for:

General Liability Yes No

Auto Liability Yes No

Loggers Broad Form Coverage Yes No

Workers' Compensation (where applicable) Yes No

AUTOMOBILE

Effective Date of Coverage: _____ DMV/PUC Filings Required? Yes No (If "Yes", advise state of filing) : _____

DMV, PUC or Filing Number and complete name filing is under _____

Please attach:

- Vehicle list including trailers and note any unlicensed or SE licensed units. Please provide complete VINs, coverage and deductibles desired.
- Drivers list including name, drivers license number, date of birth and date of hire.

LOGGING EQUIPMENT/CONTRACTORS EQUIPMENT

Effective Date of Coverage: _____

Any equipment loaned/leased to others? Yes No With or without operator? _____

Maintenance Program in place: Yes No Provide Details: _____

Fire Suppression Equipment: Yes No Describe: _____

Where is equipment stored during off season: _____

Please attach schedule of owned/leased equipment including serial numbers, current value and deductible desired.

Motor Truck Cargo (if desired) (Property of others being hauled by you)

Commodities Carried: _____ Max Value Any One Load: _____

Average Value Carried _____ Limits Required: _____

Radius of Operations: _____ Gross Annual Receipts: _____

List vehicles and trailers used for this operation: _____

PROPERTY

Effective Date of Coverage: _____

Provide the following and/or a Schedule of Property that includes the following:

Location: _____ Square Footage: _____

Building Limit: _____ Type of Construction: _____

Age: _____ Occupancy: _____

Contents Limit: _____ Additional Locations or Buildings: _____

PRIOR CARRIER INFORMATION

Please provide the name of your current insurance carrier/agent:

Line of Coverage _____ Effective Date of Coverage/ Insurance Carrier / Agent Name _____

Property _____

General Liability _____

Automobile _____

Umbrella _____

Inland Marine(equipment) _____

Workers' Compensation _____

▶ Applicant Signature _____ Date _____

Victor Insurance Managers LLC

Victor Insurance Services LLC in MN | DBA in CA and NY: Victor Insurance Services | CA Ins. Lic. # 0156109

800-223-2916 • info.us@victorinsurance.com • 2150 River Plaza Drive, Suite 330, Sacramento, CA 95833