

**Red Shield Insurance Company®**

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**LOGGERS BROAD FORM
PROPERTY DAMAGE APPLICATION**

Policy No.:	Proposed Effective and Expiration Date: From: _____ To: _____	Status of Submission: <input type="checkbox"/> Quote <input type="checkbox"/> Bind <input type="checkbox"/> Issue	Agent Code:
Applicant's Name:		Agent Name:	
Business Name / DBA:		Agent Address:	
Mailing Address:			
		Agent's Phone No.:	
		Have you insured this account before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant's Phone No.: Home: _____ Work: _____		Billing Status: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill (Direct Bill requires full premium or installment plan down payment)	
Applicant's Years in Business?	Applicant's Years of Experience?	Company Installment Plan Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, <input type="checkbox"/> 8 Pay <input type="checkbox"/> 10 Pay (20% Down Payment Required)	
Inspection Records: Name: _____ Contact Phone: _____		Accounting Records: Name: _____ Contact Phone: _____	
Type of Business <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC / LLP <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Other			
Business Description:			

COVERAGE INFORMATION

Per Occurrence Limit of Liability:
State(s) and current county(ies) of operation:
Describe type(s) of equipment used in your operations:

PAYROLL AND SUBCONTRACT COSTS*

ESTIMATED ANNUAL EMPLOYEE PAYROLL	ESTIMATED SUB-CONTRACTED WORK COSTS
Logging Operations:	Sub-Contracted Logging:
Tree Trimming & Brush Clearing:	Sub-Contracted Log Hauling:
Sawmill Operations:	Other (description):
Truck Drivers:	
Road Building:	Other (cost):
Other:	

*Please provide breakdown of payroll per category.

OPERATION AND SAFETY INFORMATION

Who owns the land being logged?	
If land is not owned, are permits in place with the appropriate authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a signed contract with the land owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a State Harvest Permit or a Federal Timber Sales Contract suspended or revoked? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
What method(s) do you use to determine boundaries and identify trees for cutting?	
Describe water supply and fire-fighting equipment that is maintained at each site:	
Describe your regular end-of-day shutdown & equipment watch procedures:	
Is all equipment swept off / cleared of debris daily after use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What percentage of your work takes place in residential settings?	%
What percentage of your work is within 200 feet of utility power lines?	%
What percentage of your work takes place along public roadways?	%
What percentage of work takes place on Tribal Land?	%
Do you ever use explosives during the course of your operations? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you burn slash? Frequency? If yes, describe fire control precautions:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any sawmill or manufacturing operations? If yes, please describe scope and location(s) of such operations:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you subcontract any work, do all your sub-contractors provide evidence of Commercial General Liability insurance of at least \$1,000,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you added as an Additional insured to the GL policies of your sub-contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all your subcontractors provide evidence of Loggers Broad Form PD Coverage of at least \$1,000,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you added as an Additional Insured on your subcontractors Loggers Broad Form policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PRIOR / CURRENT INSURANCE COMPANY INFORMATION

TYPE OF COVERAGE	CARRIER	FROM	TO	PREMIUM
Has any company ever cancelled, declined or refused to rewrite or renew any insurance policy for you? If yes, please explain:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain any periods when insurance was not in place:				

PLEASE NOTE THAT THE POLICY YOU ARE APPLYING FOR WARRANTS THAT YOU HAVE COMMERCIAL GENERAL LIABILITY COVERAGE IN PLACE

PRIOR LOSS INFORMATION (Enter all losses, insured or uninsured, occurring during the past ten (10) years which would have been recoverable under this type of insurance)

DATE OF LOSS	CARRIER	LOSS AMOUNT	OPEN / CLOSED	DESCRIPTION OF LOSS	DEDUCTIBLE	AMOUNT PAID

ATTACH SEPARATE SHEET OR COMPANY LOSS RUNS IF ADDITIONAL SPACE IS NEEDED

Applicable in 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 include imprisonment, fines and denial of insurance benefits.

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

Completion of the application does not bind coverage. The Company's acceptance of the risk is required before coverage may be bound and a policy issued.

APPLICANT'S SIGNATURE _____ Date _____

The undersigned Producer agrees to be responsible for any earned premiums developed from the binding of this application. Producer has reviewed this application fully with the applicant and, to the best of the producer's ability, is confident that all information given is truthful.

PRODUCER'S SIGNATURE _____ Date _____