## LOGGERS BROAD FORM PROPERTY DAMAGE APPLICATION

| Policy No.:                                  | Propose<br>From:                      | ed Effective and Expiration Date:<br>To: | Status of Submission: ☐ Quote ☐ Bind ☐ Issue   | Agent Code:                  |  |
|--|---------------------------------------|--|--|------------------------------|--|
| Applicant's Name:                            |                                       |  | Agent Name:  |                              |  |
| Business Name / D                            | DBA:                                  |  | Agent Address:   |                              |  |
| Mailing Address:                             |                                       |  |  |                              |  |
|  |                                       |  | Agent's Phone No.:   |                              |  |
| Applicant's Phone<br>Home:                   | No.:                                  | Work:                                    | Have you insured this account before? ☐ Yes ☐ No   |                              |  |
| Applicant's Social or FEIN No.:              | Security                              | Applicant's Occupation / DBA:            | Billing Status: Agency Bill Direct Bill (Direct Bill requires full premium or installment plan down payment) |                              |  |
| Applicant's Years Business?                  | in                                    | Applicant's Years of Experience?         | Company Installment Plan Requested? ☐ If YES, ☐ 8 Pay ☐ 10 Pay (20% Down Pa                                  | Yes ☐ No<br>lyment Required) |  |
| Type of Business:    Individual              |                                       |  | Accounting Records: Name: Contact Phone:   |                              |  |
| Inspection Contac<br>Name:<br>Contact Phone: | t:                                    |  |  |                              |  |
| Business Descript                            | Business Description:                 |  |  |                              |  |
| COVERAGE INFO                                | ORMATIC                               | DN                                       |  |                              |  |
| Per Occurrence Li                            | mit of Lial                           | bility:                                  |  |                              |  |
| Territory of Operat                          | ions:                                 |  |  |                              |  |
| Type of Timber Lo                            | Type of Timber Logged: Total Acreage: |  |  |                              |  |
| PAYROLL AND S                                | SUBCON                                | TRACT COSTS*                             |  |                              |  |
| Estimated Annual Employee Payroll            |                                       |  | Estimated Sub-Contracted Work Costs  |                              |  |
| Logging Operations:                          |                                       |  | Sub-Contracted Logging:  |                              |  |
| Tree Trimming:                               |                                       |  | Sub-Contracted Log Hauling:  |                              |  |
| Sawmill Operations:                          |                                       |  |  |                              |  |
| Truck Drivers:                               |                                       |  |  |                              |  |
| Road Building:                               |                                       |  | Other (description):   |                              |  |
| Other (describe):                            |                                       |  | Other (cost):  |                              |  |

<sup>\*</sup>Please provide breakdown of payroll per category.

## **OPERATION AND SAFETY INFORMATION**

| 1. Who owns the land being logged?   |                      |      |    |      |      |  |
|--|----------------------|------|----|------|------|--|
| 2. If land is not owned, are permits   | ☐ Yes                | □ No |    |      |      |  |
| 3. Is there a signed contract with the land owner?   |                      |      |    |      | □ No |  |
| 4. Have you ever had a State Harve If yes, please describe:  | ☐ Yes                | □ No |    |      |      |  |
| 5. What method(s) do you use to determine boundaries and identify trees for cutting?   |                      |      |    |      |      |  |
| 6. Describe water supply and fire-fighting equipment that is maintained at each site:  |                      |      |    |      |      |  |
| 7. What percentage of your work takes place in residential settings?   |                      |      |    |      | %    |  |
| 8. What percentage of your work is within 200 feet of utility power lines?   |                      |      |    |      | %    |  |
| 9. What percentage of your work takes place along public roadways?   |                      |      |    |      | %    |  |
| 10. Do you ever use explosives during the course of your operations? If yes, please describe:  |                      |      |    |      | □ No |  |
| 11. Do you burn slash? If yes, please describe scope and location(s) of such operations:   |                      |      |    |      | □ No |  |
| 12. Do you have any sawmill or manufacturing operations? If yes, please describe scope and location(s) of such operations:                       |                      |      |    |      | □ No |  |
| 13. If you subcontract any work, do all your sub-contractors provide evidence of Commercial General Liability insurance of at least \$1,000,000? |                      |      |    |      | □No  |  |
| 14. Are you added as an Additional insured to the GL policies of your sub-contractors?   |                      |      |    |      | □No  |  |
| 15. Do all your subcontractors provide evidence of Loggers Broad Form PD Coverage of at least \$1,000,000?                                       |                      |      |    |      | □No  |  |
| PRIOR/CURRENT INSURANCE  | COMPANY INFORMATION  |      |    |      |      |  |
| TYPE OF COVERAGE   | CARRIER              | FROM | то | PREI | MIUM |  |
|  |                      |      |    |      |      |  |
|  |                      |      |    |      |      |  |
| Has any company ever cancelled, declined, or refused to rewrite or renew any insurance policy for you? If yes, please explain:                   |                      |      |    |      | □No  |  |
| Explain any periods when insurance   | ce was not in place: |      |    |      |      |  |

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## 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<br>LOSS | CARRIER | LOSS<br>AMOUNT | OPEN/<br>CLOSED | DESCRIPTION OF LOSS | DEDUCTIBLE | AMOUNT<br>PAID |
|-----------------|---------|----------------|-----------------|---------------------|------------|----------------|
|                 |         |                |                 |                     |            |                |
|                 |         |                |                 |                     |            |                |
|                 |         |                |                 |                     |            |                |

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

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN 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.

This notice is to inform you that in connection with this application for insurance an investigation may be made as to your insurability including, if applicable, information as to character, general reputation, and finances. Upon written request from you, we will provide additional information as to the nature and scope of any investigation.

| APPLICANT'S SIGNATURE   | Date |
|---|------|
| The undersigned Producer agrees to be responsible for any earned premiums developed from the binding chas reviewed this application fully with the applicant and, to the best of the producer's ability, is confident the truthful. |      |
| PRODUCER'S SIGNATURE  | Date |

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