



Red Shield Insurance Company®

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CONTRACTORS & LOGGING EQUIPMENT RENEWAL QUESTIONNAIRE

Named Insured:	Renewal Effective Date:	Agency:	Date:
Years in Business:			

BUSINESS OPERATIONS & STAFFING

Applicant's Business Operations by Type and Percentage:			
Logging %	Log Road Construction %	Road Construction, Other %	Brush Clearing, Landscaping %
Site Prep %	Mining %	Crane Operation %	Water/Sewer Construction %
Rock Crushing %	Farming %	Spraying %	Building Excavation %
Paving %	Personal Use Only %		
Other, please describe:			
Maximum number of jobs in progress at any one time?		Number of current projects?	
Has there been any change in field management in the past 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, how many years of experience does new field manager have?			
Average number of employees?		Average years of experience of your employees?	

ALL RISKS: OPERATION AND SAFETY INFORMATION

Describe off-hours equipment security at job site:			
Cab Locked? <input type="checkbox"/> Yes <input type="checkbox"/> No	Watchman? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cameras? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is equipment disabled by removal of an essential part (i.e., distributor cap)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other:			
Describe equipment security at storage location:			
Fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	Watchman? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cameras? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Night Lighting? <input type="checkbox"/> Yes <input type="checkbox"/> No	Inside Building? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cab Locked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe preventative maintenance / repair / equipment inspection program:			
Per manufacturer's recommendations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have your own maintenance staff / mechanics?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does all other motorized equipment have a fire extinguisher or water tank on board? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is all equipment swept off / cleared of debris daily after use? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If No, describe frequency of cleaning:			

Describe your regular end-of-day shutdown & equipment watch procedures:

Is equipment ever used or loaned out to assist in forest fire suppression? Yes No
If Yes, explain:

Does any of your equipment have integrated fire suppression systems? Yes No
If Yes, which item No.'s?
If Yes, is there a maintenance service contract in place? Yes No
 What Frequency? Annual Semi-Annual Other

How is equipment transported? Owned Vehicles Common Carrier Specialized Contract Carrier
 If transported by "Owned Vehicles", are MVRs check annually? Yes No

Describe your controls and procedures to protect equipment from wildfire exposure:

LOGGING RISKS: ADDITIONAL OPERATION AND SAFETY INFORMATION

What percentage of the insured's total operation involves the following?

Wood Chips %	Slab Wood %	Pulp Wood %	Finished Lumber %
Rough Lumber %	Logs %	Pre-Assembled Lumber %	Other %

State(s) and current county(ies) of operation:

Is logging conducted in an environmentally disputed area (to the best of your knowledge)? Yes No

What percent of work is performed on Tribal Land? %

Are hydraulic lines checked daily after use? Yes No

If any yarders are scheduled, how often are cables inspected?

Is slash burning done? Yes No
If Yes, please describe:

Does the insured use covered equipment to move burning brush? Yes No

Is all owned equipment being covered? Yes No *If No, explain:*

See following page for Applicant and Producer Signatures

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 _____