



Red Shield Insurance Company®

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CONTRACTORS & LOGGING EQUIPMENT 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.:			
Equipment Storage Address: <input type="checkbox"/> Same as Mailing				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)			
Years in Business:		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 OPERATIONS

Applicant's Primary Occupation: (check below)			Area of Operation:		
<input type="checkbox"/> Logging	<input type="checkbox"/> Log Road Construction	<input type="checkbox"/> Road Construction (other than log roads)			
<input type="checkbox"/> Paving	<input type="checkbox"/> Site Preparation	<input type="checkbox"/> Mining			
<input type="checkbox"/> Rock Crushing	<input type="checkbox"/> Water & Sewer Construction	<input type="checkbox"/> Building Excavation	<input type="checkbox"/> Crane Contractor		
<input type="checkbox"/> Spraying	<input type="checkbox"/> Farming	<input type="checkbox"/> Brush Clearing /Landscaping	<input type="checkbox"/> Personal / Home Use		
<input type="checkbox"/> Other (please specify):					

SCHEDULE OF EQUIPMENT

No.	Year	Description (complete info required: Manufacturer, model, type, serial #, attachments)	Amount of Insurance
Policy Deductible Requested:			Coinsurance:

If additional space is needed, attach a separate schedule.

ADDITIONAL INTERESTS

Name & Complete Address: Loss Payee <input type="checkbox"/> Lessor <input type="checkbox"/> Add'l Insured <input type="checkbox"/>	Name & Complete Address: Loss Payee <input type="checkbox"/> Lessor <input type="checkbox"/> Add'l Insured <input type="checkbox"/>
Loan No.:	Loan No.:
Covered Property:	Covered Property:
If equipment is leased, specify if insured has option to purchase:	

Rental Reimbursement: <input type="checkbox"/> Yes <input type="checkbox"/> No Limit, any one occurrence: \$	Waiting Period: Hours
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TOOLS / MISCELLANEOUS EQUIPMENT

Tools coverage requested? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Owned Tools	Limit: \$	Any One Item: \$
<input type="checkbox"/> Employee Tools	Limit: \$	Any One Item: \$

RENTED / LEASED EQUIPMENT

Is equipment leased FROM others? <input type="checkbox"/> Yes <input type="checkbox"/> No	Value of largest item: \$	Limit: \$
Total expenditures past 12 months: \$	Total anticipated expenditures next 12 months: \$	
Is equipment leased TO others? <input type="checkbox"/> Yes <input type="checkbox"/> No	Value of largest item: \$	Limit: \$
Total receipts past 12 months: \$	Total anticipated receipts next 12 months: \$	

*REQUIRED - Attach copy of lease or rental agreement(s)

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		
Estimate maximum value any one time at any one location: \$		
Does all motorized equipment covered have on-board fire extinguishers or water tanks? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does any of your equipment have integrated fire suppression systems? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, which item No.'s?		
If YES, is there a maintenance service contract in place? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What Frequency? <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Other		

Is all equipment swept off / cleaned of debris daily after use? Yes No
 If NO, describe frequency of cleanup:

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

Describe any waterborne exposures:

Describe any underground exposures:

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: OPERATION AND SAFETY INFORMATION

Is any equipment ever used or loaned out for forest fire suppression? Yes No
 If YES, explain:

If yarders are owned, how often are cables inspected?

Are hydraulic lines checked daily after use? Yes No

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

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

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

What percent of work is performed on Tribal Land? %

State(s) and current county(ies) of operation: Average number of employees:

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

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? Yes No
 If YES, explain:

Explain any periods when insurance was not in place:

How long has current management operated business? Years

PRIOR LOSS INFORMATION (Enter all losses, insured or uninsured, occurring during the past five 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 _____