



Supplemental Application – Logging & Hauling

(Complete sections only applicable to your operations)

Applicant Name: _____

DOT/MC # if applicable: _____

General Liability

- Number of job sites anticipated during this policy period? _____
- Total annual receipts? _____
- In which counties will you be logging? _____
- During this period, do your harvest plans include trees within 200 feet of a residential structure?
Yes No

If yes please describe operations and number of jobs expected this year

What safeguards are in place to protect bystanders, structures, power lines, etc.?

- Do you perform any land grading and/or site prep for construction? Yes No

If yes, explain

- What type of logging and forest work (by % of payroll) do you perform?

Mechanical _____% (Type of cutting head? Hot Saw Bar Saw Shears)

Conventional _____% Yarder _____% Helicopter _____%

Masticating _____% Reforestation _____% Forest Road Building / Maintenance _____%

Quarry / Gravel Pit _____% Blasting _____%

- With whom do you contract (by % of operation)?

USFS _____% Mill _____% Private _____% BLM _____% State _____%

Other _____% (Please explain)

- Do you perform tree trimming or tree services? Yes No

If yes, please describe

- Do you contract with or perform any cutting or tree trimming services for power utility companies for the purpose of clearing or maintaining power lines? Yes No

If yes, explain

10. **Do you have operations other than Logging or Hauling?** Yes No
If yes, explain (including % of annual receipts)

11. **Overcut / Timber Trespass Controls**
Who is responsible to survey and mark boundaries?
Do you physically review boundaries and marked trees with the landowner prior to cutting?
Yes No

12. **Subcontractors / Contract Haulers Used?** Yes No
If yes, please describe

Annual cost of subs: Logging \$ Hauling \$ Other \$
Describe:

Do you require logging subs / haulers to name you as Additional Insured? Yes No
Do you require logging subs / haulers to carry limits equal to your own? Yes No
Do you require logging subs to carry Loggers Broadform Liability Insurance? Yes No
Do you have a written contract with all logging subs / haulers? Yes No
Do your contracts with logging subs/haulers include a hold harmless agreement? Yes No

13. Do you subcontract blasting: Yes No
If yes, do you require subcontractor to name you as additional insured? Yes No
Do you use the same licensed contractor for all jobs? Yes No
If yes: Annual blasting Cost? \$ Number of Jobs?

14. **Are fire tools and equipment kept on active landing?** Yes No
15. **How often are fire tools and spark arrestors inspected?**

16. **Describe your in woods smoking policy:**

17. **Do you clean combustible debris from mobile equipment on a daily basis?** Yes No N/A

18. **Are all engine guards in place on all logging equipment ?** Yes No

19. **Is a fire watch or cool down procedure in place after shutdown?** Yes No

Describe procedure:

20. **Any Firefighting Operations?** Yes No
If yes, Please describe operations:

21. **Use of any pesticides and/or herbicides?** Yes No

22. **Slash Burning:** Do you plan to burn during this policy period? Yes No

If No skip to question 23: If Yes, please answer the following:

Are permits filed with governing authority? Yes No

Is burning a result of your logging operations only? Yes No

Type of burning? Landing piles Lopping Controlled Burns

Number of burns per year? Time of year?

Are fires manned 24/7 or until out? Yes No Number of Piles per Burn

Describe mobile equipment/tools incl. Water supply at Site

Is there a Fire Emergency & Notification Response Plan? Yes No

Describe number of personnel at site to manage burn

Commercial Auto (Including HAULING Operations)

23. **General hours of operation Loading / Hauling** to

24. **How many hauling shifts do you operate during a 24-hour period?**

25. **Do you allow drivers to haul during non-daylight hours?** Yes No

If yes, what are the hours of non-daylight driving to

26. **Estimated Annual Mileage:** annual miles per tractor

27. **What is the approximate distance driven to and from top three mills?**

Mill Name/ city/state: Approximate Miles to and from:

Mill Name/city/state: Approximate Miles to and from:

Mill Name/city/state: Approximate Miles to and from:

28. **Average number of runs per truck / per day :**

29. **Type of Commodities Hauled (By % of total haul – Should equal 100%)**

Logs % Chips % Equipment % Lumber %

Poles % Sand/Gravel % Bldg. Materials %

Other % (Please explain)

30. **Show radius of haul:** Up to 50 Miles % 51 to 200 miles % Over 200 miles %

31. **Percentage of routes through metropolitan areas:** %

32. **How are overweight violations managed by your Company?**

33. Are all drivers required to do daily walk around safety inspections of their vehicles. Yes No

34. Maximum number of Tractors parked at the same location overnight:

35. Describe the major elements of your preventative maintenance program:

36. Do you assign employees to take vehicles home at night? Yes No

37. Do you prohibit employee personal use of company vehicles? Yes No

If no, please explain:

38. Do you have any 'maxi-vans'? (Originally designed for 12 to 15 passengers) Yes No

If yes, is the van's capacity greater than 9 passengers? Yes No

39. Do you have a driver safety-training program? Yes No

If yes, describe program:

40. MVR Acceptability Standards:

How often are drivers' MVRs reviewed?

What is your Motor Vehicle Report (MVR) acceptability standard?

How are aggressive driving habits / violations (speeding/ following too close, etc.) monitored and handled by your company

41. Do you conduct an FMCSA Drug & Alcohol Clearinghouse search prior to hiring all employees and annually thereafter for all CDL drivers? Yes No

42. How are "lessons learned" from the investigation communicated to all employees?

Safety

Do vehicles utilize speed governors? Yes No If yes, (mph)

Do you have GPS and/or Telematics in your vehicles? Yes No

If yes (% equipped w/device) %

Are vehicles equipped with Dash Cams? Yes No

Are hours of service monitored and/or controlled on a daily basis?

Other safety technologies as applicable i.e. on-board cameras, etc.

43. Any hauling of flammables, explosives or chemicals? Yes No

If yes, describe:

If yes, do you require special filings?

MCS90 BMC91 Form E MCP65 (California)

Please complete the following:

Do your trucks haul across the state line? Yes No

Do your trucks or trailers haul more than 3500 gallons of fuel or other hazardous liquids? Yes No

Do your trucks carry hazardous liquids for hire? Yes No

Do your trucks carry any explosives or similar hazardous materials? Yes No

44. How are drivers compensated?

45. Incentive or Bonus Program? Yes No

If yes, describe:

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

APPLICANT'S STATEMENT: By signing below, I acknowledge that I have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements and answers are a just, true and full exposition of all of the facts and circumstances with regard to the risk to be insured.

Print Name:

Signature:

Date:

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