

LoggersBroadForm.com

Athena Insurance and Financial Services
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LOGGERS THIRD PARTY PROPERTY DAMAGE LIABILITY POLICY APPLICATION

UNDERWRITERS WILL RELY UPON EACH AND EVERY RESPONSE GIVEN IN THIS APPLICATION FORM AND ANY SUPPLEMENTARY APPLICATION FORM IN DECIDING WHETHER OR NOT TO INSURE THIS RISK AND IF SO AT WHAT PREMIUM, TERMS AND CONDITIONS. UNDERWRITERS REGARD EVERY RESPONSE TO BE MATERIAL TO THEIR DECISIONS. FAILING TO ANSWER OR ANSWERING ANY QUESTIONS BELOW INCORRECTLY COULD INVALIDATE ANY POLICY OF INSURANCE WRITTEN BY UNDERWRITERS FOR THIS RISK.

APPLICANT INFORMATION

Name of Applicant/Organization to be insured

Address

Phone Number Website Address Email Address

Number of Employees Number of years in Business

If less than two, please give details

COVERAGE REQUIRED

What limit would you like? \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000

What Deductible (other than auto) would you like? \$1,000 \$2,500 \$5,000

What Deductible (other than auto) would you like? \$1,000 \$2,500 \$5,000

Proposed effective date and expiry date

Please provide **employee** payroll estimates for the next 12 months in respect of the following:

Logging (on your lands)	<input type="text"/>	Subcontract Logging	<input type="text"/>
Logging (by owner)	<input type="text"/>	Subcontract Log Hauling	<input type="text"/>
Logging (by employees)	<input type="text"/>	Truck Drivers	<input type="text"/>
Log road building	<input type="text"/>	Other _____	<input type="text"/>

Please provide percent of time Owners/Officers/Partners active at jobsite

LOGGING OPERATIONS

Areas of Operation (States, Counties, Town or Regions)

Do you own the land upon which you or others operate? Yes / No

If no, are all required permits in place with appropriate authorities? Yes / No

Is there a signed contract with the owners? Yes / No

Please provide a description of your Logging Operations

What precautions do you take to prevent trespassing onto others land?

What methods do you use to determine boundaries and identifying trees for cutting?

Activity (please check all that apply) Total of all fields to be 100%

Felling	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Payroll % <input type="text"/>	Sawmill Operations (including portable)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Payroll % <input type="text"/>
Tree Trimming	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Payroll % <input type="text"/>	Woodworking	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Payroll % <input type="text"/>
Log Road Building	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Payroll % <input type="text"/>	Manufacturing	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Payroll % <input type="text"/>
Skidding	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Payroll % <input type="text"/>	Use of Aircraft, Helicopter or Watercraft	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Payroll % <input type="text"/>
Excavation	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Payroll % <input type="text"/>	Work for Utility Companies	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Payroll % <input type="text"/>
Blasting/Use of Explosives	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Payroll % <input type="text"/>	Work close to Power Lines	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Payroll % <input type="text"/>
Work in Residential Areas	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Payroll % <input type="text"/>	Construction of Bridges, Tunnels or Dams	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Payroll % <input type="text"/>
Slash Burning	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Payroll % <input type="text"/>	Other	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Payroll % <input type="text"/>

If **other**, please describe

If yes to **Work in Residential Areas**, what percentage of logging payroll is derived from Residential payroll? Please state nature of work and all the Loss Prevention taken to prevent loss:

If yes to **Slash Burning**, what controls and safeguards are applied to prevent unintended spread of fire?

If yes to **Slash Burning**, do you only burn at times or under conditions approved by property State or Federal authorities? Yes / No

If yes to **Manufacturing**, please state nature of operations

APPLICATION QUESTIONS

1. Do you subcontract any of your logging and ancillary work or operations to any third party? Yes No /
2. If yes, to all the Subcontractors provide evidence of insurance equal to or greater than your liability limits? Yes No /
3. Are you Named as Additional Insured on Subcontractors policies? (if yes to item 1.) Yes No /
4. Please confirm you retain copies of Additional Insured Certificates for a minimum of 3 years? Yes No /
5. Have you sustained any losses, insured or uninsured, which would have been covered under this form of insurance had you carried such a policy? (if yes, please state fully the details of all such losses including circumstances dates and amounts: Yes No /

6. Have there been any fires or Claims for fires occurring in the last 10 years on the land while you were working on that land? (if yes, please provide full details) Yes No /

7. Have you ever had a liability insurance policy cancelled, declined, non-renewed or has any carrier posed any special terms? (if yes, please state reasons:) Yes No /

8. Do you have Commercial General Liability Coverage?

Yes / No

If yes, please state the following;

a) Current limits

b) Identity of Carrier

c) Policy Term

9. Do you require coverage for Oregon Fire Suppression Costs?

Yes / No

10. Are you party to a U.S. Forest Services Timber Sales Contract and does it impose liability on you for fire fighting expenses?

Yes / No

11. Do you require coverage for Additional Insureds? (If yes, please provide the identity of the Additional Insured and the nature of their work. Please provide their exact Names and mail address)

Yes No

12. Do you hold any harmless agreements? (If yes, please provide details including copies)

Yes No

NOTE: A MATERIAL FACT IS ONE LIKELY TO INFLUENCE ASSESSMENT AND ACCEPTANCE OF THIS RISK, THE PREMIUM CHARGED AND THE TERMS AND CONDITIONS IMPOSED BY THE UNDERWRITERS. IF YOU ARE IN ANY DOUBT AS TO WHETHER A FACT IS MATERIAL FACT YOU SHOULD DECLARE IT. ALL INFORMATION REQUESTED IN THIS APPLICATION FORM AND ANY SUPPLEMENTARY APPLICATION IS MATERIAL.

I/WE HEREBY DECLARE THAT THE ANSWERS, DECLARATIONS, STATEMENTS AND PARTICULARS GIVEN ABOVE AND IN ANY SUPPLEMENTARY APPLICATIONS FORM ARE TRUE AND THAT I/WE WARRANT THAT NO MATERIAL FACT HAS BEEN WITHHELD OR MISSTATED AND AGREE THAT SHOULD A POLICY BE WRITTEN THEN THE APPLICATION FORM(S) WILL FORM THE BASIS OF THE CONTRACT WITH UNDERWRITERS AND BE ATTACHED TO AND FORM A PART OF THE POLICY ISSUED. I/WE FURTHER UNDERSTAND THAT THE UNDERWRITERS MAY DECLARE ANY POLICY WRITTEN VOID IN THE EVENT OF ANY FALSE STATEMENT, MISREPRESENTATION, OMISSION, OR CONCEALMENT IN THE APPLICATION FORM(S).

Applicant's Signature

Broker's Signature

Date

Date

Position of Applicant in Firm

ALL QUESTIONS MUST BE ANSWERED AND FULL DETAILS PROVIDED WHERE REQUIRED.
THE APPLICATION MUST BE SIGNED AND DATED.

NOTICE TO BROKER/AGENT: ATTACH THIS SIGNED APPLICATION TO THE POLICY IF AND WHEN ISSUED

Broker: Steve Valencia
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