

# 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 QUESTION BELOW INCORRECTLY COULD INVALIDATE ANY POLICY OF INSURANCE WRITTEN BY UNDERWRITERS FOR THIS RISK.

## APPLICANT INFORMATION

Name of Applicant/ Organisation 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 of logging experience: .....

## COVERAGE REQUIRED

What Limit would you like?	\$300,000	\$500,000	\$1,000,000	\$2,000,000
What Deductible (Other than Auto) would you like?	\$1,000	\$2,500	\$5,000	
What Deductible for Auto would you like?	\$5,000	\$10,000	\$15,000	

Proposed effective date and expiry date .....

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

Logging (on your lands) .....	Subcontract Logging .....
Logging (by Owner) .....	Subcontract Log Hauling .....
Logging (by Employees) .....	Truck Drivers .....
Log Road Building .....	Other .....

Please provide percentage of time Owners/Officers/Partners active at jobsite .....

## LOGGING OPERATIONS

Areas of Operation (States, Counties, Towns or Regions) .....

Nature of Operations (Please select one): Seasonal/Annual

Do you own the land upon which you or others are operating? 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 identify trees for cutting? .....

.....

Activity (please check all that apply)	Yes	No	Payroll %	Activity (continued)	Yes	No	Payroll %
Felling				Sawmill Operations (including portable)			
Tree Trimming				Woodworking			
Log Road Building				Manufacturing			
Skidding				Use of Aircraft, Helicopter or Watercraft			
Excavation				Work for Utility Companies			
Blasting/Use of Explosives				Work close to Power Lines			
Work in Residential Areas				Construction of Bridges, Tunnels or Dams			
Slash Burning				Other (please describe):			

## LOGGING OPERATIONS (continued)

If yes to **Work in Residential Areas**, what percentage of logging payroll is derived from Residential payroll? .....  
Please state nature of the work and all the Loss Prevention measures 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 proper 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 parties? **YES / NO**

*If no, please go to the question 5*

2. Do all Subcontractors provide evidence of insurance equal to or greater than your liability limits? **YES / NO**

3. Are you named as an additional insured on Subcontractors policies? **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? **YES / NO**

*If yes, please state fully the details of all such losses including circumstances, dates and amounts: .....*

6. Have there been any fires or Claims for fires occurring in the last 10 years on land while you were working on that land? **YES / NO**

*If yes please provide full details: .....*

7. Have you ever had a liability insurance policy cancelled, declined, non-renewed or has any carrier posed any special terms? **YES / NO**

*If yes, please state reasons: .....*

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? **YES / NO**

*If yes, please provide identity of Additional Insured and the nature of their work? .....*

12. Do you hold any hold harmless agreements? **YES / NO**

*If yes, please provide details including copies .....*

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 UNDERWRITERS. IF YOU ARE IN ANY DOUBT AS TO WHETHER A FACT IS A 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 APPLICATION FORM ARE TRUE AND THAT I/WE WARRANT THAT NO MATERIAL FACT HAS BEEN WITHHELD OR MIS-STATED 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**



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