

VARNNEY

UNDERWRITERS

GENERAL LIABILITY SUPPLEMENTAL APPLICATION

Eff. Date: _____ New Renewal

Insured: _____

Primary Contact Name: _____

Physical Address: _____

Phone: _____ Email: _____

Logger Trucking Timber Buyer/Dealer Forester

Other _____

Any Operations Not Related to Logging Services? No Yes Describe: _____

Description/Narrative of Operations: _____

How many years of experience in Logging/Forestry? _____

How many years in business as the above-Named Entity? _____

What is your current payroll, by class?

- Logging: \$ _____
- Forestry: \$ _____
- Trucking: \$ _____

SUB-CONTRACTOR INFORMATION

Do you have work performed by Sub-Contractors? No Yes

If yes, please describe: _____

Total Cost of Sub-Contracted Work: Logging: _____ Trucking: _____

Are subs required to carry limits at least equal to yours? No Yes

Do you require subs to name you as Additional Insured on their policy? No Yes

Who verifies the additional insured status has been complied with? Self/Employee Insurance Agent

Do you have signed contract agreements with Hold Harmless provisions? No Yes Copy Attached

Do you have signed contract agreements with Waiver of Subrogation provisions? No Yes Copy Attached

All contracts with subcontractors must be available for immediate review for either inspection or audit.

Are these copies of all contracts available? No Yes

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Do you always obtain a written contract for the timber you are harvesting from a parcel of land?

No Yes Copy Attached

All Contracts with landowners must be available for immediate review for either inspection or audit.

Are these copies of contracts available? No Yes

Does the contract identify the specific tract of land to be logged with either survey points or maps?

No Yes Describe: _____

Who in your organization is responsible for the proper identification/verification or marking of either trees or survey lines to prevent an overcut? _____

Please describe their experience and/or training: _____

What type of fire protection and/or fire suppression do you have available on premises or in the field?

Manual Fire Extinguishers; How many: ____

Trucks/Water Tender Other Describe: _____

Any sawmill or lumberyard operations? No Yes Describe: _____

Is it insured separately? Yes Copy of Dec Page Attached

No Describe Products Manufactured: _____

Any Chemical Treatments? No Yes If Yes, Describe: _____

Any controlled burning including slash burning done by insured or subcontractor? No Yes

If Yes, Describe: _____

Do you have a night shift? No Yes If Yes, Describe: _____

Is ANY of your inland marine equipment EVER driven, operated, or registered for use on public roads?

No Yes If Yes, Describe: _____

Insured Signature

Agent Signature

Date

Date