# ALIP SUPPLEMENTAL AUTO APPLICATION

Named Insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Years in business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (required)
2. FEIN # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (required)
3. DOT # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (required)
4. Form Filings: Form E \_\_\_\_\_\_ MCS-90 \_\_\_\_\_\_ Other (specify) \_\_\_\_\_\_

List all logging association memberships: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Logger \_\_\_\_\_\_ Hauler \_\_\_\_\_\_ Wood Dealer \_\_\_\_\_\_ Other \_\_\_\_\_\_
2. Radius of operation: 50 miles \_\_\_\_\_\_\_\_ 51-200 miles \_\_\_\_\_\_\_\_
3. Average miles driven annually for Heavy and Extra-Heavy Units \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Describe all products hauled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Hours of operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Any nighttime operations? \_\_\_Yes \_\_\_No
7. Are there any operations that are not related to logging services? \_\_\_Yes \_\_\_No
8. If yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Address/location of last 3 jobs and distance to job:

Address Location: Distance to Jobsite:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DRIVER QUALIFICATIONS**

1. Do you maintain DOT Driver Qualification Files and adhere to guidelines on each driver? \_\_\_Yes \_\_\_No
2. Number of Years of Prior Log Hauling Experience Required for New Drivers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you hire drivers with less than 3 years CDL experience? \_\_\_Yes \_\_\_No
4. Do you hire drivers under 21 or over 70? \_\_\_Yes \_\_\_No
5. Is there a driver safety program in writing: \_\_\_Yes \_\_\_No
   1. Explain Details of Safety Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Is there a written policy prohibiting cell phone use while operating vehicle? \_\_\_Yes \_\_\_No
7. Are employees required to sign a statement that they will adhere to the zero tolerance policy for drinking &

driving? \_\_\_Yes \_\_\_No

1. Do you conduct the following drug testing: Pre-Employment \_\_\_ Random \_\_\_ Post Accident \_\_\_
2. Number of drivers hired in last 12 months: \_\_\_\_\_ Number of drivers fired in last 12 months: \_\_\_\_\_

**GARAGING AND PERSONAL USE**

1. Where are the insured vehicles garaged at night and on the Weekends?

Passenger Vehicles Shop 🞏 Woods 🞏 Job Site 🞏 Other 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tractors Shop 🞏 Woods 🞏 Job Site 🞏 Other 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes No

1. Are employees allowed to take the insured vehicles home at night? 🞏 🞏
2. Are the employees allowed to use the insured vehicles for personal use? 🞏 🞏
3. Is there a written policy prohibiting personal use signed by employee? 🞏 🞏

**NOTE**: DESCRIBE IN DETAIL ON SEPARATE PAGE ANY AND ALL PERSONAL USE OF VEHICLES.

**VEHICLE INFORMATION**

1. Explain Details of Vehicle Maintenance Program and if it is writing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you require CDL **pre-trip** inspections done on a daily basis in writing? \_\_\_Yes \_\_\_No
2. Are flags and/or strobes used on the end of logs while being hauled? \_\_\_Yes \_\_\_No
3. Do all trailers have the required reflective tape? \_\_\_Yes \_\_\_No
4. Do you allow passengers? \_\_\_Yes \_\_\_No
5. Do vehicles have scales in the trailers to determine the weight? \_\_\_Yes \_\_\_No
6. Do service units carry fuel tanks? \_\_\_Yes \_\_\_No
   1. If yes, how many gallons? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Any back hauling? \_\_\_Yes \_\_\_No
   1. Products hauled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ b. Percentage of the time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%
8. Do you haul trailers you do not own? \_\_\_Yes \_\_\_No
   1. If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Any use of Contract Haulers (Owner/Operators or Subcontractors)? \_\_\_Yes \_\_\_No
   1. If yes, Cost of Hire $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Do you use set out Trailers? \_\_\_Yes \_\_\_No
    1. Who Hauls Set Out Trailers? \_\_\_ Employees \_\_\_ Contract Haulers \_\_\_\_ Both
11. Do Contract Haulers (Owner/Operators or Subcontractors) haul trailers owned by you \_\_\_Yes \_\_\_No
    1. If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    2. Are contract haulers required to lease any trailer they haul owned by you? \_\_\_Yes \_\_\_No
12. Do you require any trailers leased to subcontractor with insurance and maintenance clauses naming you as loss payee? \_\_\_Yes \_\_\_No
    1. All leases with subcontractors must be available for **immediate review** for either inspection or audit in either hardcopy or electronic record form. Are these available? \_\_\_ Yes \_\_\_ No
13. Do you require Certificate of Insurance from subcontract haulers with WC and Auto Liability? \_\_\_Yes \_\_\_No
    1. If yes, what auto limits do you require them to carry? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. Do you require subcontractors to name you as additional insured on their policy? \_\_\_Yes \_\_\_No
15. Do you have a written contract with subcontractors? \_\_\_Yes \_\_\_No
16. Does contract include Hold Harmless and/or Waiver of Subrogation provisions? \_\_\_Yes \_\_\_No
17. All contracts with subcontractors must be available for **immediate review** for either inspection or audit in either hardcopy or electronic record form. Are these available? \_\_\_ Yes \_\_\_ No

14. Are Trucks inspected yearly by CDL certified mechanic? \_\_\_Yes \_\_\_No

**ADDITIONAL REQUIRED INFORMATION**

1. Do you ever drive / operate woods equipment on public roads? \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Operate Equipment

1. Does your state require it be registered for use on public roads? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_ N/A
2. Does the equipment have flashing lights, warning triangle placard on back of vehicle? \_\_\_ Yes \_\_\_ No \_\_\_ N/A
3. Are you and your equipment operators knowledgeable of state statutes regarding the use of equipment when on public roads? \_\_\_ Yes \_\_\_ No \_\_\_ N/A

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insured Signature Agent Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date