



ALIP SUPPLEMENTAL AUTO APPLICATION

Named Insured: _____ Email: _____

Agent: _____

- a. Years in business: _____ (required)
- b. FEIN # _____ (required)
- c. DOT # _____ (required)
- d. 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
 - a. If yes, please describe _____
- 8. 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
 - a. 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
8. Do you conduct the following drug testing: Pre-Employment ___ Random ___ Post Accident ___
9. 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 <input type="checkbox"/> | Woods <input type="checkbox"/> | Job Site <input type="checkbox"/> | Other <input type="checkbox"/> _____ |
| Tractors | Shop <input type="checkbox"/> | Woods <input type="checkbox"/> | Job Site <input type="checkbox"/> | Other <input type="checkbox"/> _____ |
2. Are employees allowed to take the insured vehicles home at night?

| | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
3. Are the employees allowed to use the insured vehicles for personal use?

| | | |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|
4. Is there a written policy prohibiting personal use signed by employee?

| | | |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

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: _____

2. Do you require CDL **pre-trip** inspections be done on a daily basis and completion of post trip CDL inspections in writing? ___Yes ___No
3. Are flags and/or strobes used on the end of logs while being hauled? ___Yes ___No
4. Do all trailers have the required reflective tape? ___Yes ___No
5. Do you allow passengers? ___Yes ___No
6. Do vehicles have scales in the trailers to determine the weight? ___Yes ___No
7. Do service units carry fuel tanks? ___Yes ___No
 - a. If yes, how many gallons? _____
8. Any back hauling? ___Yes ___No
 - a. Products hauled _____
 - b. Percentage of the time: _____%



9. Do you haul trailers you do not own? Yes No
- a. If yes, please describe: _____
10. Any use of Contract Haulers (Owner/Operators or Subcontractors)? Yes No
- a. If yes, Cost of Hire \$ _____
11. Do you use set out Trailers? Yes No
- a. Who Hauls Set Out Trailers? Employees Contract Haulers Both
12. Do Contract Haulers (Owner/Operators or Subcontractors) haul trailers owned by you Yes No
- a. If yes, please describe: _____
- b. Are contract haulers required to lease any trailer they haul owned by you? Yes No
13. Do you require any trailers leased to subcontractor with insurance and maintenance clauses naming you as loss payee? Yes No
- a. 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
14. Do you require Certificate of Insurance from subcontract haulers with WC and Auto Liability? Yes No
- a. If yes, what auto limits do you require them to carry? _____
15. Do you require subcontractors to name you as additional insured on their policy? Yes No
16. Do you have a written contract with subcontractors? Yes No
17. Does contract include Hold Harmless and/or Waiver of Subrogation provisions? Yes No
18. 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
- a. Does your state require it be registered for use on public roads? ___ Yes ___ No ___ N/A
- b. Does the equipment have flashing lights, warning triangle placard on back of vehicle? ___ Yes ___ No ___ N/A
- c. 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

Date

Agent Signature

Date