



SANTEE
RISK MANAGERS LLC

AMERICAN LOGGERS INSURANCE APPLICATION

GENERAL LIABILITY SUPPLEMENTAL APPLICATION



Eff. Date: _____ New Renewal

Insured: _____

Physical Address: _____

Phone: _____ Email: _____

Logger Hauler Wood Dealer Other _____

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

Description/Narrative of Operations: _____

What is your current payroll, by class (Logging, Forester, Hauler, etc)?

SUB-CONTRACTOR INFORMATION

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

If yes, please describe: _____

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

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/Employed 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

Do Contract Haulers haul trailers Owned by you? No Yes Describe: _____

Are Contract Haulers required to lease any trailer they haul owned by you? No Yes Copy Attached

Do you always use a written contract for land you remove timber from? No Yes Copy Attached

All Contracts with land owners 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, and what is their experience? _____

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

Manual Fire Extinguishers How many: _____ Other Describe: _____

Trucks/Equipment have: Fogmaker AFEX Amerex Ansul DAFO KIDDE

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