



SANTEE
RISK MANAGERS LLC

AMERICAN LOGGERS INSURANCE APPLICATION

ALL QUESTIONS ARE REQUIRED TO ANSWERED,
For the lines of business you would like us to quote



Eff. Date: _____ New Renewal Need By Date: _____

Insured: _____

Physical Address: _____ Mailing Address (See Acord)

Phone: _____ Email: _____

Logger Hauler Wood Dealer Other _____

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

Description/Narrative: _____

Describe All Products Hauled: _____

Auto General Liability Work Comp Property Inland Marine Umbrella/Excess

FEIN: _____ Years in Business _____ DOT #: _____

Safer _____ Current MVR's & Violation Explanations

Form Filing: None Form E MCS-90 Other _____

Radius of Operation 50 Miles % _____ 100 Miles % _____ 150-200 Miles % _____

States of Operation _____

Average Miles Driven for Heavy/Extra Heavy Units _____ Hours of Operation _____

Any Night time Operations? No Yes Describe: _____

DRIVER QUALIFICATIONS

Do you maintain DOT Driver Qualification Files and adhere to guidelines on each driver? Yes No

Years of prior log hauling experience required for new Drivers? 1-2 Yrs 3 Years 5 Yrs+

Do you hire drivers with less than 3 years CDL experience? Yes No

Do you/would you hire drivers: (Check all that apply) Under 21 Over 70

Do you have a written driver safety program? No Yes Copy Attached

Is there a written policy prohibiting cell phone use while operating vehicles No Yes Copy Attached

Do you Conduct Drug Testing? No Yes Pre-Employment Random Post Accident

Do you pay drivers by the load? No Yes GPS installed in all vehicles

GPS is Actively Monitored by: _____ GPS System: _____

All Drivers over 65 – Description of duties _____

_____ CDL Medical Certificate(s) attached

AUTOMOBILE

Target Premium\$ _____

Exp Date: _____

Year	Premium	Losses
2017-2018		
2016-2017		
2015-2016		
2014-2015		
	Total	Total
Loss Ratio		

Loss/Coverage Gap Explanation(s): _____

_____ See Attached Loss Explanation

Where are insured vehicles stored at night/weekend/not in use?:

Passenger Vehicles Gated/Garaged Location Shop Woods Jobsite Other: _____

Tractors Gated/Garaged Location Shop Woods Jobsite Other: _____

Are employees allowed to take insured vehicles home at night? Yes No

Are employees allowed to use insured vehicles for personal use? Yes No

Is there a written policy prohibiting person use signed by the employees? No Yes Copy Attached

Describe in detail any and all personal use of vehicles: _____

VEHICLE INFORMATION

Explain Details of Vehicle Maintenance Program: _____

_____ Is this policy writing? No Yes Copy Attached

Are written Pre-Trip Inspections done daily? No Yes Last Month Log Copy Attached

Are flags and/or strobes used on the ends of logs while being hauled? No Yes Photos Attached

Do all trailers have the required reflective tape? No Yes Photos Attached

Do you allow passengers? No Yes

Do Vehicles/Trailers have scaled to determine weight? No Yes

Do service units carry fuel tanks? No Yes How Many Gallons? _____

Any Back Hauling? No Yes Products Hauled: _____ % of Time: _____

Any Double or Tandem Trailers? No Yes

Do you haul trailers you do not own? No Yes Describe: _____

Are trucks inspected annually by a certified CDL mechanic? No Yes Copy of last Inspection Attached

Do you use Set Out Trailers? No Yes Who Sets out Trailers? Employees Contract Haulers

Do you ever drive/operate woods equipment on public roads? Yes No

Does your operating State(s) require equipment to be registered on public roads? No Yes

Does the equipment have flashing lights, warning triangle placard on back of vehicle? No Yes N/A

Are you and your equipment operators knowledgeable of state statues regarding the use of equipment when on public roads? No Yes N/A

GENERAL LIABILITY

Target Premium \$ _____

Exp Date: _____

Year	Premium	Losses
2017-2018		
	Total	Total
Loss Ratio		

Loss/Coverage Gap Explanation(s): _____ See Attached Loss Explanation

SUB-CONTRACTOR INFORMATION

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

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 Describe: _____

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

Describe: _____

Agency: _____

Phone: _____

Producer: _____

Email: _____

Account Manager: _____

Email: _____

Agent Controls Account Agent Controls Only _____

Years Agent has Controlled Account _____

What do you need to move the account? _____

Markets this Submission has been Sent to:

None Chubb/ACE Bitco Berkshire Hathaway NICO Amerisafe

Other: _____

Workers Compensation

Target \$ _____

Exp Date: _____

Year	Premium	Losses
2016-2017		
2015-2016		
2014-2015		
	Total	Total
Loss Ratio		

Loss/Coverage Gap Explanation(s): _____

See Attached Loss Explanation

Supplemental Attached NAIC Worksheet Attached Not Requested at this time

Inland Marine

Target \$ _____

Exp Date: _____

Year	Premium	Losses
2017-2018		
2016-2017		
2015-2016		
2014-2015		
	Total	Total
Loss Ratio		

Loss/Coverage Gap Explanation(s): _____

See Attached Loss Explanation

Supplemental Attached Equipment Spreadsheet Attached Not Requested at this time

Property

Target \$ _____

Exp Date: _____

Year	Premium	Losses
2017-2018		
2016-2017		
2015-2016		
2014-2015		
	Total	Total
Loss Ratio		

Loss/Coverage Gap Explanation(s): _____

See Attached Loss Explanation Not Requested at this time