



Logging Equipment Supplemental Questionnaire

Please attach an ACORD 125 Commercial Application.

Supplement answers are not required when ACORD state specific question rules apply.

Account Information

Effective Date _____ Expiration Date _____

Insured Name _____

DBA _____

Website _____

Agency Name _____

Agency Contact _____ Contact Phone Number _____

Any policy for the Account declined, canceled, or non-renewed during the prior three (3) years? Yes No

If yes, please explain:

Experience and Operations

Yes No

Enter the Years in Business _____

Has the Insured had any logging equipment losses in the past five (5) years? Yes No

If yes, enter the resulted three (3) year Loss Ratio percentage: _____ %

If yes, list all losses to logging equipment in the past five (5) years.

Date of Loss	Description/Cause of Loss	Total Amount of Loss

Enter the total number of Equipment Operators _____

Do all equipment operators have at least three (3) years of experience? Yes No

If no, please provide details:

Please select what type of operator drug testing is conducted:

- None
 New Hires Only
 New & Existing Employees

Experience and Operations *Continued*

Yes No

Does the Insured rent or loan equipment to others?

If yes, please describe the following:

Type of equipment _____ How often and duration _____

Rented with Operator Rented without Operator

Additional Comments:

Any operations near creek beds, draws, docks, rivers, wet or marshland?

If yes, please provide details:

Is equipment exposed to any blasting?

If yes, please provide details:

Maintenance and Procedures

Yes No

Does the Insured have a formal safety training plan?

If yes, please describe your formal safety training plan:

Does the Insured utilize a field supervisor?

If no, please describe the supervision that is in place:

Does the insured perform their own maintenance?

If no, please advise the name and address of the maintenance facility:

Does the Insured maintain equipment based on the manufacturer guidelines?

If no, please describe the schedule of maintenance:

Is equipment cleared of debris and oil/grease routinely?

If yes or no, please describe in more detail:

Please describe how often units are steam cleaned or pressure washed:

Maintenance and Procedures Continued

Yes No

Does the Insured have an equipment cool down procedure in place? Yes No

If yes, describe procedure including duration time of monitoring after equipment is off:

If no, please provide details on fire prevention:

Equipment Details

Please select the maximum distance equipment will be transported:

Within 250 mile radius Greater than 250 mile radius

Enter the percentage in which equipment is transported: Owned Vehicle _____
Carrier for Hire _____

Please describe where equipment is stored when not at the job site:

Please describe what measures are taken to protect equipment against theft/vandalism:

Are charged fire extinguishers kept on each piece of mobile equipment? Yes No

Are there any individual item limit(s) greater than \$500,000? Yes No

Does the Insured own any other logging equipment not listed on current schedule? Yes No

If yes, please provide details:

Please Enter Equipment Run Time (Averages):

Number of hours ran daily _____ Number of days ran per week _____

Are there any individual items outfitted with an Automatic Fire Suppression System (FSS)? Yes No

Reminder: Please indicate on schedule which items have FSS installed.

Submission Requirements

Attach a signed Contractors Equipment Application

Attach a completed Equipment Schedule

Please Note: The equipment schedule must indicate which item(s) FSS applies.
Each scheduled item must have a complete description including serial/model numbers.

Attach Three Year Loss Runs

Fraud Warnings

Applicable in AL, AR, LA, NM, RI, and WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and/or confinement in prison. In Alabama, a person may also be subject to restitution.

Fraud Warnings Continued

Applicable in CO, ME, TN, VA, WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and/or a denial of insurance benefits. In Colorado, penalties may also include civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policy-holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in CA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Applicable in MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in OR: This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto. All statements made by or on behalf of the insured, in the absence of fraud, shall be deemed representations and not warranties. No such statements that arise from an error in the application shall be used in defense of a claim under the policy unless: (a) The statements are contained in a written application; and (b) A copy of the application is indorsed upon or attached to the policy when issued. In order to use any representation by or on behalf of the insured in defense of a claim under the policy, the insurer must show that the representations are material and that the insurer relied on them.

Applicable in PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicable in other states: Your policy may be void in any case of fraud, intentional concealment or misrepresentation of material fact by you in securing this insurance.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant's Signature _____ **Title** _____ **Date** _____