Insurance Application

Logging / Lumbering Supplement

If this is a logging and/or lumbering operation, this supplement must accompany your initial application and each policy renewal request.

Applicant Name**:** _____ Policy Number:_____

SECTION A - GENERAL INFORMATION

1. Is this a mechanized logging operation? ☐ Yes ☐ No
   Explain: _____

2. How far into the woods will units travel to loading area?
   _____

3. Describe road conditions to loading area.
   _____

4. Are trucks or trailers equipped with any permanently mounted equipment such as loaders, grapples, etc.?
   ☐ Yes ☐ No *If **Yes**, provide cost of vehicle and equipment separately.*
   _____

5. What percentage of your total operation involves hauling each of the following types of log/ lumber?
   _____ Wood Chips _____ Slab wood _____Pulpwood _____Finished Lumber _____ Rough Lumber
   _____ Logs _____ Pre-assembled Lumber (explain) _____

6. Logging conducted in environmentally disputed area (to the best of your knowledge)? ☐ Yes ☐ No
   Explain: _____

SECTION B - REMARKS SECTION

Provide additional information in the space below. If you are explaining answers to particular questions, please indicate the section and question numbers.

INITIALED BY: APPLICANT:_____DATE_____ AGENCY:_____DATE_____