

#### Paragon Insurance Holdings LLC 45 Nod Road | Avon, CT 06001

North American Timber Program

Questionnaire

Tel/Fax (206) 455-9722 | NATP@paragoninsgroup.com

### **General Information**

Applicant:			Date:						
Agent:					Quote need by date	e:			
Expiring Premiums:					Insured State:				
Auto:	GL:	IM:	Property:	•	Years in business:	Year	Years experience:		
1. List ownership o	of land logged by t	he applicant:							
2. In what countie	s does the applica	nt expect to work d	uring the comin	g year?					
3. How many crew	s are you running?	•							
4. Indicate the typ	e of logging and o	ther work performe	ed by the applica	ant:					
Conventional/Sl	novel:	%		High	lead/Yarder:			<b>%</b>	
Mechanized:		%		Helic	opter:			%	
Reforestation:		%		Road	building/Maintenan	ice:		%	
Other (describe):								.%	
` ,	ant nerform any n	on-logging oneratio	ns or use their	eauinment	t for non-logging ope	rations?	Yes No		
If yes, please de	-	on 10888 obermin	and of the third	- quipinon			100		
6. How many indiv		ed by the applicant	in each of the fo	ollowing ca	ategories?				
Feller/Cutter			e Operator			Truck Drive	er	1	
Mechanic			Describe)	-		l	'	-1	
7. Does the applica	nt hire day/temp/	cash only labor or p	oarticipate in en	nployee le	asing program?	Yes No	)		•
8. Does the applica	nt employ subcon	tractors for any ope	erations, includi	ng hauling	g? Yes No				
a. If yes, provid	e the name of eac	h subcontractor and	d the type of wo	rk they ar	e performing:				
Name of Sub	contractor	Type of Work I	Performed						
-									
-		_							
b. Are all sub	-contractors requ	ired to:							
	=		nits of at least \$	1,000,000	for general liability?			Yes	No
2. Pro	vide a certificate o				for Loggers Broad Fo		y	Yes	No
	nage? vide a certificate o	of insurance with lin	nits of at least \$	1.000 000	for auto?			Yes	No
		Insured on both the		, ,				Yes	No
	=		_		ndemnification word	ling in your f	avor?	Yes	No



### Paragon Insurance Holdings LLC 701 5th Avenue, Suite 4234 | Seattle, WA 98104

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6. Offer waiver of subrogation in your favor?	Yes	No
7. Offer primary/non-contributory wording in your favor?	Yes	No
8. Do sub-contractors ever drive your vehicles? Yes No or haul trailers you own?	Yes	No
c. Cost of subcontracted hauling:		
d. Cost of all other subcontracted work:		
9. Does the applicant build any roads or landings? Yes No		
If yes, who is responsible for engineering, surveying and layout of roads?		
i yes, who is responsible for engineering, surveying and myour or routes.		
10. Does the applicant work on any street, road or bridge projects other than logging roads? Yes No		
11. List any state licenses or certificates pertaining to logging held by the applicant and/or any professional associations to which	the ap	plicant
belongs:	•	•
12. Who is responsible for marking boundaries and/or specific trees to be cut? Insured Timber Dealer Property Owner.	<del></del>	
1. If employed by you, is this person a certified forester?	Yes	No
2. Is a title search performed?	Yes	No
3. Is a professional surveyor used to verify boundary lines?	Yes	No
4. Are property lines verified with the adjacent property owner?	Yes	No
5. Is a written contract used with all sub-contracted foresters?	Yes	No
13. Describe the applicant's fire watch/cool down procedures:		
14. What fire protection equipment does the applicant maintain at each job site?		
15. Does the applicant load trucks owned by others?	Yes	No
10. Does the applicant load tracks owned by others.	103	NO
If yes, how many years experience does the applicant require for loader operators?		
16. Does the applicant own, lease or operate a quarry or sand and gravel	Yes	No
operation?		
17. Does the applicant perform any automobile, equipment or truck	Yes	No
maintenance or repair for others?	Voc	No
18. Does the applicant perform any slash burning?	Yes	No
10 Is the applicant contracted to excit fighting forest fine?	Yes	No
19 Is the applicant contracted to assist fighting forest fires?		
20. Do you cut trees within 250 feet of any structure?	Yes	No
21. Do you perform any of the following activities or any related activities: arborist, tree trimming, urban logging, land clearing,	right of	i
way clearance, road or power line clearance, etc.? Yes No If yes, describe below.		



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#### Auto

2. What are the towns nearest the mills to	which the	applicant expe	ects to deliver during the coming policy year?			
B. Hours of operation:						
l. Does the applicant's driver selection pro	cess includ	le:				
Written application	Yes	No	Reference checks	Yes	No	
Physical exam	Yes	No	MVR verification	Yes	No	
Drug testing	Yes	No	Road testing	Yes	No	
. Does the driver training include:						
Review of company rules and policies	Yes	No	Daily vehicle inspection	Yes	No	
Equipment familiarization	Yes	No	Commodity handling training	Yes	No	
Route familiarization	Yes	No	Accident reporting procedures	Yes	No	
Ride along with experienced driver	Yes	No If "yes	", how long?			
Monitoring with GPS system	Yes	No	Monitoring with drive-cam system	Yes	No	
3. How are the applicant's drivers compens	sated? (e.g	. hourly, tonna	age, mileage, other):			
7. Provide the name of the applicant's rand	lom drug t	esting consort	ium:			
. Do you have any drivers under the age of If yes, describe their driving duties:			?		Yes	No
0. Please respond to the following with re	-				Vos	No
<ul><li>a Do any vehicles go home at night</li><li>b. Is any personal use of vehicles a</li></ul>		vers or owners	5?		Yes Yes	No No
c. Is there a written policy prohibit		nal use of vehi	cles?		Yes	No
d. Are any family members or non	-employee	s allowed to o	perate any vehicles?		Yes	No
e Are any family members or non			·		Yes	No
1. Please respond to the following with re	spect to yo	our vehicle ins	pection/maintenance operations:			
<ul><li>a Do you have a vehicle preventa</li><li>b. At what intervals are vehicles m</li></ul>	aintained (	(time, mileage	, hours, other)?		Yes	No
c. Are maintenance records maint			num of 5 years for all vehicles?		Yes	No
d. Do drivers perform pre-trip insp					Yes	No
e. Describe the key features of yo	ur prevent	ative mainten	ance program:			



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12. What vehicle inspection/maintenance operations are performed by the applicant (describe)?		
13. What vehicle inspection/maintenance operations are performed for the applicant by others? List providers and operations	ions perfo	rmed:
14. Describe your vehicle security procedures:		
15. Describe your policy concerning use of cellular phones while driving:		
16. Please respond to the following with respect to your driver(s)/fleet safety program::		
a How often are safety meetings held?		
b. Is attendance at meetings mandatory?	Yes	No
c. How are safety meetings documented?		
d. Does the applicant employ a full time safety director?	Yes	No
If yes, list name:		
a What is the minimum number of years experience for drivers?		
b. What is your driver turn over rate?		
17. Does you perform any vehicle maintenance or repair for others?	Yes	No
18. Do you ever back haul?	Yes	No
If yes, advise percentage of total operations and commodities hauled:		
19. Do you haul logs for others?	Yes	No
If yes, advise percentage of operations:		
F		

#### **Equipment**

2. Provid	e a brief overview of the applicant's maintenance program:		
3. Please	respond to the following questions regarding your equipment preventative maintenance program:		
a	Does the insured maintain a contract maintenance schedule? (If yes, please attach)	Yes	No
b.	Do you have an equipment preventative maintenance program in place?	Yes	No
c.	At what intervals is equipment maintained (time, hours, other)?		
d.	How long are maintenance records kept?		
e.	How often are hydraulic hoses inspected/replaced?		
f.	How often is combustible debris cleaned from equipment?		
g.	How often are belly pans removed from equipment for cleaning		
	and removal of combustible debris?		



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5. List each scheduled piece of equipment equipped with an automatic fire suppression system, and describe the type and size of each system:
(use separate page if necessary)
6. Describe the type, size and number of portable fire extinguishers attached to each piece of equipment to be insured:
7. Does insured applicant have fire extinguishers and fire suppression systems inspected and certified on an annual basis Yes No
by an outside vendor?
8. Describe security measures taken when equipment is left overnight at the job site:
9. Where is logging equipment stored when not in use?
Describe security measures at storage location(s):
10. Are individual pieces of equipment parked at least 50 feet apart from each other at night?  Yes No
11. What is the maximum value of equipment at a single logging site?
12. What percentage of the applicant's equipment is equipped with the following protective safeguards:
Lockable cabs% Battery disconnects
Lockable engine compartments% Lockable fuel caps%
13. Does the applicant lend or rent his owned equipment to others? Yes No With operator Without operator
How often? and What kind of equipment?
READ AND SIGN BELOW
I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate, and complete and that no material facts have been omitted, misrepresented, or misstated. I know of no other
claims or lawsuits against the Applicant, and I know of no other events, incidents, or occurrences which might reasonably lead to a claim or
lawsuit against the Applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.
toes not bank coverage with any mouter.
Signed by Insured:Date:
Signed by Producer:Date:
E-mail submission to NATP@paragoninsgroup.com or fax to (206) 455-9722