



General Information

Applicant:				Date:	
Agent:				Quote need by date:	
Expiring Premiums:				Insured State:	
Auto:	GL:	IM:	Property:	Years in business:	Years experience:
1. List ownership of land logged by the applicant:					
2. In what counties does the applicant expect to work during the coming year?					
3. How many crews are you running?					
4. Indicate the type of logging and other work performed by the applicant:					
Conventional/Shovel: _____ %		High lead/Yarder: _____ %			
Mechanized: _____ %		Helicopter: _____ %			
Reforestation: _____ %		Road building/Maintenance: _____ %			
Other _____ %					
(describe):					
5. Does the applicant perform any non-logging operations or use their equipment for non-logging operations? Yes No If yes, please describe:					
6. How many individuals are employed by the applicant in each of the following categories?					
Feller/Cutter		Machine Operator		Truck Driver	
Mechanic		Other (Describe)			
7. Does the applicant hire day/temp/cash only labor or participate in employee leasing program? Yes No					
8. Does the applicant employ subcontractors for any operations, including hauling? Yes No					
a. If yes, provide the name of each subcontractor and the type of work they are performing:					
<u>Name of Subcontractor</u>		<u>Type of Work Performed</u>			
_____		_____			
_____		_____			
_____		_____			
_____		_____			
b. Are all sub-contractors required to:					
1. Provide a certificate of insurance with limits of at least \$1,000,000 for general liability?				Yes	No
2. Provide a certificate of insurance with limits of at least \$1,000,000 for Loggers Broad Form Property Damage?				Yes	No
3. Provide a certificate of insurance with limits of at least \$1,000,000 for auto?				Yes	No
4. List you as Additional Insured on both their GL & Auto policies?				Yes	No
5. Sign a sub-contractor agreement which includes hold harmless & indemnification wording in your favor?				Yes	No



Auto

1. List commodities transported by the applicant: (Show as percentage, total should equal 100%)						
2. What are the towns nearest the mills to which the applicant expects to deliver during the coming policy year?						
3. Hours of operation:						
4. Does the applicant's driver selection process include:						
Written application	Yes	No	Reference checks	Yes	No	
Physical exam	Yes	No	MVR verification	Yes	No	
Drug testing	Yes	No	Road testing	Yes	No	
5. 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	
6. How are the applicant's drivers compensated? (e.g. hourly, tonnage, mileage, other):						
7. Provide the name of the applicant's random drug testing consortium:						
9. Do you have any drivers under the age of 25 or over the age of 65? If yes, describe their driving duties:				Yes	No	
10. Please respond to the following with respect to vehicle use:						
a.	Do any vehicles go home at night with drivers or owners?				Yes	No
b.	Is any personal use of vehicles allowed?				Yes	No
c.	Is there a written policy prohibiting personal use of vehicles?				Yes	No
d.	Are any family members or non-employees allowed to operate any vehicles?				Yes	No
e.	Are any family members or non-employees allowed to ride in any vehicles?				Yes	No
11. Please respond to the following with respect to your vehicle inspection/maintenance operations:						
a.	Do you have a vehicle preventative maintenance program in place?				Yes	No
b.	At what intervals are vehicles maintained (time, mileage, hours, other)?					
c.	Are maintenance records maintained for at least a minimum of 5 years for all vehicles?				Yes	No
d.	Do drivers perform pre-trip inspections before all trips?				Yes	No
e.	Describe the key features of your preventative maintenance program:					



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 performed:		
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:		

Equipment

1. How many years of experience does the applicant require for equipment operators?		
2. Provide 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 combustibile debris cleaned from equipment?		
g. How often are belly pans removed from equipment for cleaning and removal of combustibile debris?		
4. Describe the applicant's fire watch/cool down procedures:		



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North American Timber Program
 Questionnaire

<p>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)</p>
<p>6. Describe the type, size and number of portable fire extinguishers attached to each piece of equipment to be insured:</p>
<p>7. Does insured applicant have fire extinguishers and fire suppression systems inspected and certified on an annual basis by an outside vendor? Yes No</p>
<p>8. Describe security measures taken when equipment is left overnight at the job site:</p>
<p>9. Where is logging equipment stored when not in use?</p> <p>Describe security measures at storage location(s):</p>
<p>10. Are individual pieces of equipment parked at least 50 feet apart from each other at night? Yes No</p>
<p>11. What is the maximum value of equipment at a single logging site?</p>
<p>12. What percentage of the applicant's equipment is equipped with the following protective safeguards:</p> <p>Lockable cabs _____ % Battery disconnects _____ % Kill switches _____ %</p> <p>Lockable engine compartments _____ % Lockable fuel caps _____ %</p>
<p>13. Does the applicant lend or rent his owned equipment to others? Yes No With operator Without operator</p> <p>How often? and What kind of equipment?</p>

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.

Signed by Insured: _____ Date: _____

Signed by Producer: _____ Date: _____

E-mail submission to NATP@paragoninsgroup.com or fax to (206) 455-9722