



Quick Quote Application Supplement for Logging and Lumbering

Complete this Application Supplement in addition to the Acord Applications

Please provide the following information:

- 1. Name of Applicant: _____
- 2. How many years of experience do you have in logging/lumbering?#
- 3. What are your annual gross sales?\$
- 4. What is the annual cost (labor and materials) that you pay to subcontractors?\$
- 5. Do you use subcontractors who carry liability limits or coverage less than what you carry?..... Yes No
- 6. Do you use subcontractors who do not provide you with proof of general liability insurance?..... Yes No
- 7. Do you operate a commissary? Yes No
If yes, what are your annual gross sales from the commissary?.....\$
- 8. Do you operate a saw mill or planing mill? Yes No
If yes, what are your annual gross sales from the saw/planing mill?\$
- 9. Do you, or do others on your behalf, conduct blasting operations? Yes No
- 10. Do you build or clear roads, other than roads for use in logging operations? Yes No
- 11. Do you lease or rent any equipment to others? Yes No
- 12. Do you treat wood to prevent rot, mold or infestation by insects or vermin? Yes No
- 13. Do you conduct any commercial operations, other than the logging and/or lumbering operation? Yes No
If yes, please describe: _____
- 14. Are you aware of any prior losses, claims or circumstances that might give rise to a claim that arose or could arise from your logging and lumbering operations? Yes No
If yes, please explain: _____

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

_____ Signature of Application	_____ Title	_____ Date
_____ Signature of Producing Agent		_____ Date
_____ Agent Name	_____ Agent Address	