

**RAINIER INSURANCE COMPANY®**

1411 SW Morrison Street, Ste 400  
 Portland, OR 97205-1945  
 800-522-6944 • FAX 800-722-2107



**LOGGERS BROAD FORM  
 PROPERTY DAMAGE APPLICATION**

<b>Policy No.:</b>	<b>Proposed Effective and Expiration Date</b> From: To:	<b>Status of Submission:</b> <input type="checkbox"/> Quote <input type="checkbox"/> Bind <input type="checkbox"/> Issue	<b>Agent Code:</b>
<b>Applicant's Name:</b>		<b>Agent Name:</b>	
<b>Business Name / DBA:</b>		<b>Agent Address:</b>	
<b>Mailing Address:</b>			
		<b>Agent's Phone No.:</b>	
<b>Applicant's Phone No.:</b> Home: Work:		<b>Have you insured this account before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Applicant's Occupation / DBA:</b>		<b>Accounting Records:</b> Name: Contact Phone:	
<b>Applicant's Years in Business?</b>	<b>Applicant's Years of Experience?</b>	<b>Inspection Records:</b> Name: Contact Phone:	
<b>Type of Business:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Other			
<b>Business Description:</b>			

**COVERAGE INFORMATION**

<b>Per Occurrence Limit of Liability:</b>	
<b>Territory of Operations:</b>	
<b>Type of Timber Logged:</b>	<b>Total Acreage:</b>

**PAYROLL AND SUBCONTRACT COSTS\*\***

<b>ESTIMATED ANNUAL EMPLOYEE PAYROLL</b>	<b>ESTIMATED SUB-CONTRACTED WORK COSTS</b>
<b>Logging Operations:</b>	<b>Sub-Contracted Logging:</b>
<b>Tree Trimming:</b>	<b>Sub-Contracted Log Hauling:</b>
<b>Sawmill Operations:</b>	<b>Other (description):</b>
<b>Truck Drivers:</b>	
<b>Road Building:</b>	<b>Other (cost):</b>
<b>Other:</b>	

\*\*Please provide breakdown of payroll per category.

**OPERATION AND SAFETY INFORMATION**

1. Who owns the land being logged?	
2. If land is not owned, are permits in place with the appropriate authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is there a signed contract with the land owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever had a State permit or a Federal Timber Sales Contract suspended or revoked? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. What method(s) do you use to determine boundaries and identify trees for cutting?	
6. Describe water supply and fire-fighting equipment that is maintained at each site:	
7. What percentage of your work takes place in residential settings?	%
8. What percentage of your work is within 200 feet of utility power lines?	%
9. What percentage of your work takes place along public roadways?	%
10. Do you ever use explosives during the course of your operations? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you burn slash? If yes, please describe scope and location(s) of such operations:	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you have any sawmill or manufacturing operations? If yes, please describe scope and location(s) of such operations:	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. If you subcontract any work, do all your sub-contractors provide evidence of Commercial General Liability insurance of at least \$1,000,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are you added as an Additional insured to the GL policies of your sub-contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Do all your subcontractors provide evidence of Loggers Broad Form PD Coverage of at least \$1,000,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PRIOR/CURRENT INSURANCE COMPANY INFORMATION**

TYPE OF COVERAGE	CARRIER	FROM	TO	PREMIUM
Has any company ever cancelled, declined, or refused to rewrite or renew any insurance policy for you? If yes, please explain:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain any periods when insurance was not in place:				

**PLEASE NOTE THAT THE POLICY YOU ARE APPLYING FOR WARRANTS THAT YOU HAVE COMMERCIAL GENERAL LIABILITY COVERAGE IN PLACE**

**PRIOR LOSS INFORMATION** (Enter all losses, insured or uninsured, occurring during the past ten (10) years, which would have been recoverable under this type of insurance)

DATE OF LOSS	CARRIER	LOSS AMOUNT	OPEN/CLOSED	DESCRIPTION OF LOSS	DEDUCTIBLE	AMOUNT PAID

**ATTACH SEPARATE SHEET OR COMPANY LOSS RUNS IF ADDITIONAL SPACE IS NEEDED**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

*This notice is to inform you that in connection with this application for insurance an investigation may be made as to your insurability including, if applicable, information as to character, general reputation, and finances. Upon written request from you, we will provide additional information as to the nature and scope of any investigation.*

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

The undersigned Producer agrees to be responsible for any earned premiums developed from the binding of this application. Producer has reviewed this application fully with the applicant and, to the best of the producers ability, is confident that all information given is truthful.

PRODUCER'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_