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## Logging and Forestry Services Supplement Application

Insured's name:

Address:

Contact Name/Phone Number:

Years in Business \_\_\_\_\_ Years of Logging Experience \_\_\_\_\_

Producing for

Wood Type:

Pine \_\_\_\_\_% Hardwood \_\_\_\_\_% Shortwood \_\_\_\_\_% Tree Length \_\_\_\_\_%

Pulpwood \_\_\_\_\_% Saw/Ply/Pole \_\_\_\_\_% Chips \_\_\_\_\_%

Who Hauls?

### Equipment Information:

Type	# Of	Fire Ext.	Seatbelts	Water Tanks
Feller Buncher				
Cable Skidder				
Grapple Skidder				
Loader				
Dozer				
Chipper				
Other				
Other				

**Please describe the general condition of your equipment (poor, fair, good, excellent) and provide year models/age of each.**

Feller Bunchers:

Cable Skidders:

Grapple Skidders:

Loaders:

Dozers:

Chippers:

Other:

**Please provide information on your vehicles (attach a separate page if needed).**

Year/Make/Model	First Aid on Board	Seat Belts	Maintenance
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**Please check all of the following that apply to your operations and safety procedures (a check indicates a positive/yes response).**

Hard Hats Required	Approved First Aid Kits
Eye Protection Required	Trained employee(s) in First Aid/CPR
Safety Boots	Chain Brakes/Saw Guards
Safety Gloves	Fuel Tanks Labeled
Visibility Clothing	Headache Rack on Trucks
Hearing Protection	Hwy. Warning Signs
Chaps	Reflecting Tape on Trailers
Skidder Paths of Travel Defined	Saw Operations Visible to Skidder Operators
Landing Clear of Obstacles	Trees Stacked Safely at Landing
Paths of Escape Clear	

**Please describe chain saw use:**

**Please check all of the following programs that apply (a check indicates a positive/yes response).**

Drug Testing	Pre-employment	Random	For Cause	Post-Accident
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Safety Meetings	Daily	Weekly	Monthly
Other (describe)			

Documentation of Safety Meetings	Written Haz. Com.
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- Please attach loss information and/or company loss runs for the current and prior three years.
- Send applications to [quotes@aiaamga.com](mailto:quotes@aiaamga.com). Questions, please call 334-279-7600 to speak with an underwriter.