

**Associated Insurance Administrators, Inc.
Logging Supplement**

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

Please check all of the following that apply to your operations and safety procedures (a check indicates a positive/yes response).

Hard Hats Required _____ Eye Protection Required _____ Safety Boots _____ Safety
Gloves _____ Visibility Clothing _____ Hearing Protection _____ Chaps _____
Approved First Aid Kits _____ Trained employee(s) in First Aid/CPR _____ Chain Brakes/Saw
Guards _____ Fuel Tanks Labeled _____ Headache Rack on Trucks _____ Hwy. Warning
Signs _____ 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 _____
Safety Meetings—Daily _____ Weekly _____ Monthly _____ Other (describe) _____

Documentation of Safety Meetings _____ Written Haz. Com. _____

Please attach loss information and/or company loss runs for the current and prior three years.