

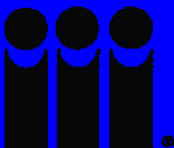


LOGGERS EQUIPMENT SUPPLEMENTAL QUESTIONNAIRE

Please attach ACORD application, schedule of equipment and hard copy, currently valued, company loss runs for the past five (5) years.

General Information

Insured name	
Insured mailing address	
Property location address	
How many years in business under current management?	
Inspection contact name and phone number	
Geographic area of operation	
Total number of employees	
How many employees are certified loggers?	
Describe work you perform	
Do you perform any work at night?	
Do you hire subcontractors?	



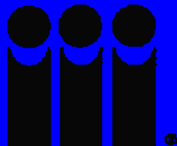
Insurance Innovators, Inc.

(215) 885-7300 (800) 523-8422 F: (215) 886-2482

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Underwriting Information

What pieces of equipment have automatic fire suppression installed?	
Are all equipment operators required to conduct a daily equipment inspection?	
Are all equipment operators required to carry a fire extinguisher at all times?	
When not in use, where is your equipment stored?	
Describe precautions you use to safeguard your equipment at your storage and maintenance locations.	
Describe precautions you use to safeguard your equipment left overnight at a job site.	
Describe regular equipment cool down and storage distance procedures	
Describe regular cleaning program (Examples: How often is debris removed from the belly pan? How often is debris removed from the engine compartment?)	
Describe your regular preventative maintenance program and how it is documented.	
Do supervisors conduct weekly safety and training meetings with their crew?	
Are safety meetings documented?	



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