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## Supplemental Application - Logging

<b>Applicant Name:</b> <b>Are you a certified ProLogger<sup>SM</sup>:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>General Liability</b>
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1. Number of job sites anticipated during this policy period? \_\_\_\_\_

2. In which counties will you be logging? \_\_\_\_\_

3. During this period, do your harvest plans include trees within 200 feet of a residential structure? Yes  No

4. If yes please complete the following:

What % of the total trees to be harvested for the year are within 200 feet of a residential structure? \_\_\_\_\_

Describe the operation:

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What safeguards do you have in place to protect bystanders and structures?

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Number of jobs of this type to be completed this policy period. \_\_\_\_\_

Do you perform tree trimming or tree services? Yes  No

5. What type of logging and other work (by %) do you perform?

Conventional Cat \_\_\_\_\_%  Yarder \_\_\_\_\_%  Mechanical \_\_\_\_\_% Type of cutting head? \_\_\_\_\_

Helicopter \_\_\_\_\_%  Masticating \_\_\_\_\_%  Reforestation \_\_\_\_\_%

Forest Road Building / Maintenance \_\_\_\_\_%  Other (explain) \_\_\_\_\_%

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6. With whom do you contract (by % of operation)?

USFS \_\_\_\_\_%  Mill \_\_\_\_\_%  Private \_\_\_\_\_%  BLM \_\_\_\_\_%  State \_\_\_\_\_%

Other \_\_\_\_\_% (explain) \_\_\_\_\_

7. Subcontractors Used? Yes  No  If Yes, please describe subcontracted operations:

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Do you require signed certificates naming you as Additional Insured? Yes  No

Do you require signed hold harmless agreements? Yes  No

Are copies available? Yes  No

8. Types of communication equipment available?

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9. Describe training provided to employees in the proper use of fire tools including the proper use of fire extinguishers:

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10. Are fire tools and equipment kept on active landing? Yes  No

11. How often are fire tools and spark arrestors inspected?

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12. Describe your in woods smoking policy:

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13. Are all engine guards in place? Yes  No  If no, please explain:

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14. Is firewatch conducted after shutdown? Yes  No

By whom: Describe firewatch procedures:

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15. Do you clean combustible debris from Chippers and Fellerbunchers on a daily basis? Yes  No  N/A

16. Do you plan to burn slash during this policy period? Yes  No   
If yes, answer the following:

Type of slash burning? Landing piles \_\_\_\_\_ Lopping piles \_\_\_\_\_ Other \_\_\_\_\_

How many times/piles per year? \_\_\_\_\_ Time of year piles are burned? \_\_\_\_\_

Are fires manned 24/7 or until out? \_\_\_\_\_

17. Use of any pesticides and/or herbicides? Yes  No   
If yes, describe controls:

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**Commercial Auto**

18. Describe the major elements of your preventative maintenance program:

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19. Do you assign employees to take vehicles home at night? Yes  No

20. Do you prohibit employee personal use of company vehicles? Yes  No   
If no, please explain:

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21. Are vehicles locked during nights and weekends? Yes  No

22. Do you have any 12 or 15 passenger vans? Yes  No  Due to NHTSA statistics which shows an unacceptable propensity to roll-over, AIG is no longer willing to insure these vehicles after January 1, 2008. All new and renewal insureds will need to complete the “12 and 15 Passenger Van Guideline – Compliance Agreement Form”, agreeing to the following:  
A. Acceptable interim safety modifications now and  
B. Replacement of all 12 and 15 passenger vans by January 1, 2008.

Do you ever transport any non-employees in your 12 or 15 passenger vans? Yes  No   
If yes, please explain who and how often:

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23. Do you have a driver safety-training program? Yes  No   
If yes, describe program:

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24. Do you have a Motor Vehicle Report (MVR) acceptability standard for all drivers? Yes  No   
If yes, describe standard:

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25. How often are drivers' MVRs reviewed? \_\_\_\_\_

26. What actions are taken if MVRs do not meet standard?

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27. Who investigates accidents?

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28. How are “lessons learned” from the accident communicated to all drivers?

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**Applicant Signature:**

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**Date:**

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