



North American Timber Program
Questionnaire



WinStar Insurance Group
3420 Executive Center Dr., Ste. #301
Austin, TX 78731
800-252-9435 | www.winstarins.com

General Information

Applicant:	Date:				
Agent:	Quote need by date:				
Expiring Premiums:	Insured State:				
Auto: GL: IM: Property:	Years in business: Years' experience:				
1. List ownership of land logged by the applicant:					
2. In what counties does the applicant expect to work during the coming year?					
3. How many crews are you running?					
4. Indicate the type of logging and other work performed by the applicant:					
Conventional Shovel: _____%	High Lead/Yarder: _____%				
Mechanized: _____%	Helicopter: _____%				
Reforestation: _____%	Road Building/Maintenance: _____%				
Other (describe): _____	_____%				
5. Does the applicant perform any non-logging operations or use their equipment for non-logging operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:					
6. How many individuals are employed by the applicant in each of the following categories?					
	Feller/Cutter		Machine Operator		Truck Driver
	Mechanic		Other (Describe)		
7. Does the applicant hire day/temp/cash only labor or participate in employee leasing program? <input type="checkbox"/> Yes <input type="checkbox"/> No					
8. Does the applicant employ subcontractors for any operations, including hauling? <input type="checkbox"/> Yes <input type="checkbox"/> No					
a. If yes, provide the name of each subcontractor and the type of work they are performing:					
		<u>Name of Subcontractor</u>		<u>Type of Work Performed</u>	
b. Are all sub-contractors required to:					
1. Provide a certificate of insurance with limits of at least \$1,000,000 for general liability?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Provide a certificate of insurance with limits of at least \$1,000,000 for Loggers Broad Form property damage				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Provide a certificate of insurance with limits of at least \$1,000,000 for auto?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. List you as Additional Insured on both their GL & Auto policies?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Sign a sub-contractor agreement which includes hold harmless & indemnification wording in your favor?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

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6. Offer waiver of subrogation in your favor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Offer primary/non-contributory wording in your favor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do sub-contractors ever drive your vehicles or haul trailers you own?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Cost of subcontracted hauling:	
d. Cost of all other subcontracted work:	
9. Does the applicant build any roads or landings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who is responsible for engineering, surveying and layout of roads?	
Does the applicant work on any street, road or bridge projects other than logging roads? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. List any state licenses or certificates pertaining to logging held by the applicant and/or any professional associations to which the applicant belongs:	
11. Who is responsible for marking boundaries and/or specific trees to be cut?	
1. If employed by you, is this person a certified forester?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is a title search performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is a professional surveyor used to verify boundary lines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are property lines verified with the adjacent property owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is a written contract used with all sub-contracted foresters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Describe the applicant's fire watch/cool down procedures:	
13. What fire protection equipment does the applicant maintain at each job site?	
14. Does the applicant load trucks owned by others? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how many years' experience does the applicant require for loader operators?	
15. Does the applicant own, lease or operate a quarry or sand and gravel operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Does the applicant perform any automobile, equipment or truck maintenance or repair for others? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Does the applicant perform any slash burning? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Is the applicant contracted to assist fighting forest fires? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Do you cut trees within 250 feet of any structure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Do you perform any of the following activities or any related activities (describe): arborist, tree trimming, urban logging, land clearing, right of way clearance, road or power line clearance, etc.?	

Auto

1. List commodities transported by the applicant: (Show as percentage, total should equal 100%)			
2. What are the towns nearest the mills to which the applicant expects to deliver during the coming policy year?			
4. Hours of operation:			
5. Does the applicant's driver selection process include:			
Written application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reference checks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical exam	<input type="checkbox"/> Yes <input type="checkbox"/> No	MVR verification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Road testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the driver training include:			
Review of company rules and policies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Daily vehicle inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment familiarization	<input type="checkbox"/> Yes <input type="checkbox"/> No	Commodity handling training	<input type="checkbox"/> Yes <input type="checkbox"/> No
Route familiarization	<input type="checkbox"/> Yes <input type="checkbox"/> No	Accident reporting procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ride along with experienced driver	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes", how long?			
7. How are the applicant's drivers compensated? (e.g. hourly, tonnage, mileage, other):			
8. Provide the name of the applicant's random drug testing consortium:			
9. Do you have any drivers under the age of 25 or over the age of 65?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe their driving duties:			
10. Please respond to the following with respect to vehicle use:			
a.. Do any vehicles go home at night with drivers or owners?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Is any personal use of vehicles allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Is there a written policy prohibiting personal use of vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Are any family members or non-employees allowed to operate any vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
e. Are any family members or non-employees allowed to ride in any vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Please respond to the following with respect to your vehicle inspection/maintenance operations:			
a.. Do you have a vehicle preventative maintenance program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. At what intervals are vehicles maintained (time, mileage, hours, other)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Are maintenance records maintained for at least a minimum of 5 years for all vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Do drivers perform pre-trip inspections before all trips?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
e. Describe the key features of your preventative maintenance program:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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12. What vehicle inspection/maintenance operations are performed by the applicant (describe)?	
13. What vehicle inspection/maintenance operations are performed for the applicant by others? List providers and operations performed:	
14. Describe your vehicle security procedures:	
15. Describe your policy concerning use of cellular phones while driving:	
16. Please respond to the following with respect to your driver(s)/fleet safety program::	
a.. How often are safety meetings held?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is attendance at meetings mandatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. How are safety meetings documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does the applicant employ a full time safety director?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list name:	
a.. What is the minimum number of years' experience for drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. What is your driver turnover rate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Does you perform any vehicle maintenance or repair for others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Do you ever back haul?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, advise percentage of total operations and commodities hauled:	
19. Do you haul logs for others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, advise percentage of operations:	

Equipment

1. How many years of experience does the applicant require for equipment operators?	
2. Provide a <i>brief</i> overview of the applicant's maintenance program:	
3. Please respond to the following questions regarding your equipment preventative maintenance program:	
a. Does the insured maintain a contract maintenance schedule? (If yes, please attach)	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you have an equipment preventative maintenance program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. At what intervals is equipment maintained (time, hours, other)?	
d. How long are maintenance records kept?	
e. How often are hydraulic hoses inspected/replaced?	
f. How often is combustible debris cleaned from equipment?	
g. How often are belly pans removed from equipment for cleaning and removal of combustible debris?	
4. Describe the applicant's fire watch/cool down procedures:	



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5. List each scheduled piece of equipment equipped with an automatic fire suppression system, and describe the type and size of each system:
(use separate page if necessary)

6. Describe the type, size and number of portable fire extinguishers attached to each piece of equipment to be insured:

7. Does insured applicant have fire extinguishers and fire suppression systems inspected and certified on an annual basis by an outside vendor? Yes No

8. Describe security measures taken when equipment is left overnight at the job site:

9. Where is logging equipment stored when not in use?
Describe applicant's security measures:

10. Are individual pieces of equipment parked at least 50 feet apart from each other at night? Yes No

11. What is the maximum value of equipment at a single logging site?

12. What percentage of the applicant's equipment is equipped with the following protective safeguards:

Lockable cabs _____% Battery disconnects _____% Kill switches _____%

Lockable engine compartments _____% Lockable fuel caps _____%

13. Does the applicant lend or rent his owned equipment to others? Yes No With operator Without operator

How often? What kind of equipment?

READ AND SIGN BELOW

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate, and complete and that no material facts have been omitted, misrepresented, or misstated. I know of no other claims or lawsuits against the Applicant, and I know of no other events, incidents, or occurrences which might reasonably lead to a claim or lawsuit against the Applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Signed by Insured: _____ Date: _____

Signed by Producer: _____ Date: _____

E-mail submission to info@winstarins.com or fax to 512-448-9929