

**Roush Insurance Services, Inc.**  
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**Applications available at [www.roushins.com](http://www.roushins.com)**

Agency \_\_\_\_\_ Code \_\_\_\_\_  
 Producer \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Logging General Liability Application**

Proposed Dates: From \_\_\_\_\_ to \_\_\_\_\_

*(Please Note: Quotation may not conform to limits and coverages requested on application.)*

Applicant Name \_\_\_\_\_ Inspection Contact \_\_\_\_\_  
 DBA \_\_\_\_\_ Inspection Contact Phone Number \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Location Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Website \_\_\_\_\_

Individual  Partnership  Joint Venture  Trust  LLC  Corp or Other Organization: \_\_\_\_\_

Business Description \_\_\_\_\_

Length of Time in Business/Experience \_\_\_\_\_ yrs \_\_\_\_\_ mos New Venture?  Yes  No Non-Profit?  Yes  No

Prior Carrier \_\_\_\_\_ Expiring Premium \$ \_\_\_\_\_ Lapse in Coverage?  Yes  No, Reason \_\_\_\_\_

Any Claims in Last Three Years?  Yes  No, Describe and Attach Loss Runs \_\_\_\_\_

Has any Company Cancelled or Refused Coverage to the Applicant?  Yes  No, Reason \_\_\_\_\_

Is applicant in Bankruptcy?  Yes  No, Describe \_\_\_\_\_

**Liability Limits \$ \_\_\_\_\_ Per Occurrence / \$ \_\_\_\_\_ Aggregate**

- Estimated Annual Employee Payroll (excluding all owners): \$ \_\_\_\_\_ Total Number of Owners: \_\_\_\_\_  
 Estimated Annual Receipts: \$ \_\_\_\_\_ Premises Area: \_\_\_\_\_ sq ft
- Are Subcontractors Utilized in Applicant's Operations?.....  Yes  No  
 Logging \$ \_\_\_\_\_ Log Hauling \$ \_\_\_\_\_ Other \$ \_\_\_\_\_  
 Do Subcontractors Carry Same or Greater Liability Limits?.....  Yes  No  
 Are Certificates of Insurance Required?.....  Yes  No

3. Provide estimates of the following operations for next year:

	Payroll	Number of employees
Woodworking	\$	
Logging	\$	
Truck Drivers	\$	
Road Building	\$	
Bridge or Culvert	\$	
Forestry	\$	
Saw mills or planing mills sales	\$	
Other:	\$	

- Does Applicant use Cranes?.....  Yes  No  
 Maximum Size Capacity \_\_\_\_\_ Length of Boom \_\_\_\_\_ ft
- Does work require close proximity to highways, populated areas, recreational lands/water, or power lines?...  Yes  No  
 If Yes, describe precautionary measures taken: \_\_\_\_\_
- Describe methods used to determine boundaries and identify trees for cutting: \_\_\_\_\_
- Describe types, methods of storage, and methods of transportation of chemicals used (including but not limited to pesticides/herbicides, fuel or other flammable liquids): \_\_\_\_\_
- Is communication equipment available on job site for fire or other emergencies?.....  Yes  No

9. a. Are there established fire prevention procedures at the job site?.....  Yes  No  
 b. Are fire extinguishers available and/or mounted on equipment? .....  Yes  No  
 c. Does someone remain on site to ensure equipment has cooled down prior to leaving?.....  Yes  No  
 d. Are keys removed from equipment when not in use?.....  Yes  No  
 e. Does operator check equipment on a daily basis?.....  Yes  No

10. Describe method(s) of slash disposal and clean up: \_\_\_\_\_

11. Indicate skidding methods used in your operations (show as a percentage of your operations):  
 Ground \_\_\_\_\_% Cable \_\_\_\_\_% Helicopter \_\_\_\_\_% Balloon \_\_\_\_\_% Other \_\_\_\_\_%  
 If "Other" is shown, describe methods: \_\_\_\_\_

12. Any manufacturing from logging or lumbering operations?.....  Yes  No

13. Have any Crimes Occurred or Been Attempted on your Premises within the Last 3 Years?.....  Yes  No

14. Are there any Safety and Security Procedures in Place?.....  Yes  No  
 Describe (Alarm, Fence, Signs, Etc.): \_\_\_\_\_

15. Have you attached a sample copy of a logging contract used in your operation?.....  Yes  No

16. Does Applicant Provide Guarantees, Warranties or Hold Harmless Agreements?.....  Yes  No  
 Describe \_\_\_\_\_

17. Other Business on Premises?.....  Yes  No  
 Describe \_\_\_\_\_

**18. Description of Operations (Mark all that apply):**

<input type="checkbox"/> Consulting Services	<input type="checkbox"/> Loaning or renting machinery or equipment to others
<input type="checkbox"/> Drawing plans, designs, or specifications	<input type="checkbox"/> Public Tours offered
<input type="checkbox"/> Demolition, blasting, utilization or storage of explosive materials	<input type="checkbox"/> Storing, treating, discharging, applying, disposing of or transporting hazardous materials
<input type="checkbox"/> Excavation, tunneling, underground work or earth moving	<input type="checkbox"/> Sponsoring sporting or social events
Describe in Detail:	

**19. Additional Insured Information:**

Name	Address	Interest

Other Pertinent Information: \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**APPLICANT'S STATEMENT:** I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.