



**Red Shield Insurance Company®**

1411 SW Morrison Street, Ste 400  
Portland, OR 97205-1945  
800-527-7397 • FAX 800-742-5176

**CONTRACTORS & LOGGING  
EQUIPMENT APPLICATION**

Policy No.		Proposed Effective and Expiration Date From: To:		Status of Submission <input type="checkbox"/> Quote <input type="checkbox"/> Bind <input type="checkbox"/> Issue		Agent Code	
Applicant's Name				Agent Name			
Business Name / DBA				Agent Address			
Mailing Address							
				Agent's Phone No.			
Applicant's Phone No. Home: Work:				Have you insured this account before: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Applicant Social Security No.		Applicant's Occupation / DBA		Billing Status: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill (Direct Bill requires full premium or installment plan down payment)			
Years in Business		Years of Experience		Company Installment Plan Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, <input type="checkbox"/> 8 Pay <input type="checkbox"/> 10 Pay (20% Down Payment Required)			
Type of Business <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Other				Accounting Records Name: Contact Phone:			
Inspection Records		Name: Contact Phone:					

**COVERAGE INFORMATION**

Catastrophe Limit:	
Policy Deductible Requested:	Coinsurance:

**SCHEDULE OF EQUIPMENT**

Does any equipment scheduled have a permanently installed automatic fire suppression system?  Yes  No  
If YES, include a full description below:

No.	Year	Description (complete info required: Manufacturer, model, type, serial #., attachments)	Amount of Insurance

If additional space is needed, attach a separate schedule:

Rental Reimbursement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Limit, any one occurrence:	Waiting Period:	Hours
--	----------------------------	-----------------	-------

**TOOLS / MISCELLANEOUS EQUIPMENT**

Tools coverage requested? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Owned Tools	Limit:	Any One Item:
<input type="checkbox"/> Employee Tools	Limit:	Any One Item:

**RENTED/LEASED EQUIPMENT**

Is equipment leased FROM others? <input type="checkbox"/> Yes <input type="checkbox"/> No	Value of largest item:	Limit:
Total expenditures past 12 months:	Total anticipated expenditures next 12 months:	
Is equipment leased TO others? * <input type="checkbox"/> Yes <input type="checkbox"/> No	Value of largest item:	Limit:
Total receipts past 12 months:	Total anticipated receipts next 12 months:	

**\*REQUIRED- Attach copy of lease or rental agreement(s) \***

**ADDITIONAL INTERESTS**

Name & complete address: Loss Payee <input type="checkbox"/> Lessor <input type="checkbox"/> Add'l Insured <input type="checkbox"/>	Name & complete address: Loss Payee <input type="checkbox"/> Lessor <input type="checkbox"/> Add'l Insured <input type="checkbox"/>
Loan #:	Loan #:
Covered Property:	Covered Property:

If equipment is leased, specify if insured has option to purchase:

**BUSINESS OPERATIONS**

Applicant's Primary Occupation: (check below)		Area of Operation:	
<input type="checkbox"/> Logging	<input type="checkbox"/> Log Road Construction	<input type="checkbox"/> Road Construction (other than log roads)	<input type="checkbox"/> Right of Way Clearing
<input type="checkbox"/> Paving	<input type="checkbox"/> Site Preparation	<input type="checkbox"/> Mining	<input type="checkbox"/> Crane Contractor
<input type="checkbox"/> Rock Crushing	<input type="checkbox"/> Water & Sewer ..... Construction	<input type="checkbox"/> Building Excavation	<input type="checkbox"/> Personal/ Home Use
<input type="checkbox"/> Other (Please Specify):			

**CONTRACTING RISKS: OPERATION AND SAFETY INFORMATION**

Describe equipment security at job site and storage location (e.g. inside building, yard, fence, watchman, lighting, etc.): " ....."
Estimate maximum value any one time at any one location:"
Describe preventative maintenance/ repair/ equipment inspection program:"
Describe any waterborne exposures:"
Describe any underground exposures:"
How is equipment transported?" <input type="checkbox"/> Owned Vehicles" <input type="checkbox"/> Common Carrier" <input type="checkbox"/> Specialized Contract Carrier

**LOGGING RISKS: OPERATION AND SAFETY INFORMATION**

Does all motorized equipment covered have on-board fire extinguishers and water tanks? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is any equipment ever converted for a use other than logging? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What percentage of the insured's total operation involves the following:			
% Wood Chips	% Slab Wood	% Pulp Wood	% Finished Lumber
% Rough Lumber	% Logs	% Pre-Assembled Lumber	
Is logging conducted in an environmentally disputed area (to the best of your knowledge)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How far into the woods does equipment travel to loading area? Describe road conditions to loading area:			
Is all equipment cleaned and built-up debris removed daily? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If NO, describe frequency of clean-up:			
Is equipment locked when unattended? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe equipment security at job site and storage location (e.g. inside building, yard, fence, watchman, lighting, etc.):			
Area of Operation:	Average Number of Employees:	Does the Insured move burning brush? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is all owned equipment being covered? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, explain:			

**PRIOR/CURRENT INSURANCE COMPANY INFORMATION**

TYPE OF COVERAGE	CARRIER	FROM	TO	PREMIUM
Has any company ever cancelled, declined, or refused to rewrite or renew any insurance policy for you? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If YES, explain:"				
Explain any periods when insurance was not in place:"				
How long has current management operated business?"      Years				

**PRIOR LOSS INFORMATION** (Enter all losses, insured or uninsured, occurring during the past five years, which would have been recoverable under this type of insurance)

DATE OF LOSS	CARRIER	LOSS AMOUNT	OPEN/CLOSED	DESCRIPTION OF LOSS	DEDUCTIBLE	AMOUNT PAID

**ATTACH SEPARATE SHEET OR COMPANY LOSS RUNS IF ADDITIONAL SPACE IS NEEDED**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

***This notice is to inform you that in connection with this application for insurance an investigation may be made as to your insurability including, if applicable, information as to character, general reputation, and finances. Upon written request from you, we will provide additional information as to the nature and scope of any investigation.***

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

The undersigned Producer agrees to be responsible for any earned premiums developed from the binding of this application. Producer has reviewed this application fully with the applicant and, to the best of the producers ability, is confident that all information given is truthful.

PRODUCER'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_