

Email completed application to: submissions.idealam@wichert.com



LOGGING EQUIPMENT INSURANCE APPLICATION

Date: _____

Applicant: _____

Address: _____

Telephone: _____

Email: _____

Website: _____

Years in Business: _____

Producer: _____

Desired Effective Date of Insurance: _____

List all industry associations in which you are a member in good standing: _____

Type of Operation: Logging: _____ Thinning: _____ Clear Cut: _____

Controlled Burn: _____ License: _____

Other (describe): _____

Annual Gross Revenue: _____ Projected next 12 months: _____

Last next 12 months: _____

12 months previous to last year: _____

Any operations other than logging (if yes, describe)? _____

What approximate percentage of revenue is derived from operations other than logging? _____

Schedule of Equipment to be Insured: Complete second page

Description of procedures: Complete third page

Loss Experience: Attach loss runs for last five years from previous insurer(s)

I hereby certify that the foregoing is a good faith representation of the information requested

(Name / Title)

IDEAL Agriculture & Marine, a product of Wichert Insurance

1200 Graham Road - Cuyahoga Falls, OH 44224

Phone: (330) 929-8686 - Fax: (330) 929-7762



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EQUIPMENT MAINTENANCE PROCEDURES

Please describe maintenance routines, procedures and frequency:

What maintenance is performed by outside professional certified mechanics?

How often are belly pans removed for cleaning? _____

Describe the cool down and fire watch procedures employed: _____

Describe overnight security at job sites: _____

Is equipment loaned/leased to others? _____ If so, with or without operator? _____

How often? _____