

**MIDWESTERN INSURANCE ALLIANCE**  
**WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION (LOGGING)**

P. O. BOX 436909 • LOUISVILLE, KY • 40253-6909 • (502) 429-9990



DATE

**General Information**

Company Name			Proposed Period	to
Business Address				
Shop Address				
Phone Numbers	Home	Cell	Other	
Business Entity	<input type="checkbox"/> Contractor <input type="checkbox"/> Dealer <input type="checkbox"/> Contract Hauler <input type="checkbox"/> Other ( <i>attach explanation</i> )			
Business Activity	<input type="checkbox"/> 1 <sup>st</sup> Thinning <input type="checkbox"/> 2 <sup>nd</sup> Thinning <input type="checkbox"/> Clearcut <input type="checkbox"/> Hardwood <input type="checkbox"/> Cut/Haul Logger <input type="checkbox"/> Other ( <i>attach explanation</i> )			
Type of Product	<input type="checkbox"/> Tree Length <input type="checkbox"/> Short wood <input type="checkbox"/> Chips <input type="checkbox"/> Random Length <input type="checkbox"/> Other ( <i>attach explanation</i> )			
Applicant Cuts for...				
Applicant Hauls to...				
Type of Felling	Manual	%	Mechanized	%
			Delimiting/Topping by chainsaw	%
Describe the General Geographical Area(s) of Operation and Terrain				
Years in Business		Describe Operations Other than Logging		
Number of Employees				
Number of Crews				
States in which the company operates				
Does the applicant own or operate aircraft or watercraft?				
Is workers' comp coverage currently in force for the applicant?		Is the applicant currently in an assigned risk program?		

**Exposure Basis**

	Projected	1 <sup>st</sup> Prior Year	2 <sup>nd</sup> Prior Year
Total Annual Production			
Cost of Subcontracted Work (Insured Subcontractors):			
Cost of Subcontracted Work-Uninsured Subcontractors:			
If available, is a production basis wanted ( <i>If yes, indicate basis</i> )	<input type="checkbox"/> Per Cord <input type="checkbox"/> Per Ton <input type="checkbox"/> Per 1,000 Board Feet		
Are all employees and drivers salaried? ( <i>if no, explain</i> )			
Number of employed drivers?			
Does the applicant haul for others? ( <i>If yes, explain</i> )			
Are subcontractors or contract haulers used? ( <i>If yes, explain</i> )			
Does the applicant have up-to-date worker's compensation certificates of insurance on all subcontractors and contract haulers used?			

*Please answer all questions. If the answer to a question is not applicable, please use the phrase N/A*

### Equipment and Vehicles

	Number	Type
List Equipment and Vehicles Used (i.e. Knuckle Boom, Feller/Buncher, Skidder, Trucks, etc.)		

### Safety Management

		Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant have a written safety management plan?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are monthly safety meetings conducted <u>and</u> documented?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant have a written equipment maintenance plan?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there written safety rules that are effectively communicated with employees routinely?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a defined new-hire safety orientation process that effectively addresses the hazards of the job?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does equipment meet OSHA requirements for ROPS?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does equipment meet OSHA requirements for FOPS?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any explosives used?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the use of personal protective equipment defined in writing <u>and</u> strictly enforced?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is drug/alcohol testing done for drivers <u>and</u> loggers?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are <u>all</u> employees trained in first-aid / CPR on each jobsite?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the agent visited applicant's jobsite? <i>(if yes, indicate date)</i>	DATE OF JOBSITE VISIT: _____

**HE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.**

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Producer's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Signature

*Please answer all questions. If the answer to a question is not applicable, please use the phrase N/A*