



SUBMISSION CHECKLIST (LOGGING)

SEND APPLICATIONS TO: subs@miains.com

Insured: _____ Agency Name: _____

Producer: _____ Agency Phone Number: _____

Please use this check list to ensure you have included all required documentation.

Documentation Required to Quote

- ACORD 130 completed with FEIN, years in business, general information questions with explanation of “yes” answers
- 5 years loss runs, valued within 90 days of policy effective date. Include details for any losses greater than \$10,000 in the past three years
- Midwestern supplemental application (logging or wood products mfg)
- Copy of most current experience mod worksheet

Failure to include all requested information may result in a delay in processing or declination of your submission. Please contact – 803-732-1646 with any questions.

MIDWESTERN INSURANCE ALLIANCE
111 Stonemark Lane
Suite 201
Columbia SC. 29210

LOGGING
WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION



SUBMISSION 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 st Thinning <input type="checkbox"/> 2 nd 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						
Number of employees hired during the past 36 months			Number of employees dismissed or left during the past 36 months			
Is the applicant currently in an assigned risk program?			Is workers' comp coverage currently in force for the applicant?			
States in which the company operates						

EXPOSURE BASIS			
	Projected	1 st Prior Year	2 nd 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			
Number of employed log truck 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	Is a bilingual employee onsite at all times when non-English speaking employees are working?	
<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 vehicle and 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 (roll-over protective structures) and FOPS (falling object protective structures)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are flammable liquids stored only in approved containers?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the company have a Lockout/Tagout Program for equipment maintenance in the woods and at the shop	
<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