

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			
Total Payments to Independent Owner Operators:			
Cost of Subcontracted Work (Insured Subcontractors):			
Cost of Subcontracted Work-Uninsured Subcontractors:			
# of 1099 Drivers Paid (number of 1099's issued)			
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>			
Do you have up-to-date worker's compensation certificates of insurance on all subcontractors and contract haulers used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Do you use Independent Owner Operators to haul other products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the Independent Owner Operators load logs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, how often?)</i>
Do the Independent Owner Operators perform any other tasks in addition to hauling?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, explain)</i>
Do you use a formal leasing arrangement with the Owner Operators?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide agreement)</i>
Do you have any 1099 Drivers driving trucks owned by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the 1099 Drivers domiciled in North Carolina?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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?	

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

<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:

THE 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