

NAME: \_\_\_\_\_ FEIN/SSN: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ WEBSITE URL: \_\_\_\_\_

1. Detailed description of operations (List of work performed): \_\_\_\_\_  
\_\_\_\_\_

2. Any prior coverage?  Yes  No If so, forward any loss runs for the last 5 years

3. Have you ever had Worker's Comp coverage under another name?  Yes  No If yes, please explain: \_\_\_\_\_

4. Years in business: \_\_\_\_\_

5. Written Safety Program in place?  Yes  No

6. Written Drug Testing Policy in force?  Yes  No

7. Are all employees LA Residents?  Yes  No If no, please explain: \_\_\_\_\_

8. Are all employees US Citizens?  Yes  No If no, please explain: \_\_\_\_\_

9. List all states where work is performed: \_\_\_\_\_

a. % of work performed **OUTSIDE** of Louisiana \_\_\_\_\_

10. Total number of employees (including 1099 workers): \_\_\_\_\_

11. How are employees paid? W-2  1099  Check  Cash  Other  Explain Other: \_\_\_\_\_

12. What % of work is sub-contracted? \_\_\_\_\_

a. List type of work done by INSURED sub-contractors \_\_\_\_\_  
\_\_\_\_\_

b. List type of work done by UNINSURED sub-contractors: \_\_\_\_\_  
\_\_\_\_\_

13. Does the insured attempt to use the same sub-contractors for all jobs?  Yes  No If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

14. Any use of casual or day labor:  Yes  No If yes, please explain: \_\_\_\_\_

15. What percentage of work is: Fully Mechanized \_\_\_\_\_% Non Mechanized: \_\_\_\_\_%

16. Is any work performed with chainsaws?  Yes  No If yes, please explain: \_\_\_\_\_

17. Is any work performed at or above 15 feet?  Yes  No If yes, please explain: \_\_\_\_\_

a. List equipment used to reach these heights: \_\_\_\_\_

b. List safety equipment used at heights: \_\_\_\_\_

18. What type of training do employees receive before starting work? \_\_\_\_\_

19. What safety gear is provided and used at the jobsite:

Gloves  Hard hats  Steel Toed Boots  Ear Protection  Respirators  Eye protection

Other: \_\_\_\_\_

# LOGGING SUPPLEMENTAL QUESTIONNAIRE

20. How often are safety meetings held? \_\_\_\_\_

21. Are lock-out/tag-out procedures in place for equipment?  Yes  No

22. How often is equipment inspected? \_\_\_\_\_

23. Is each machine equipped with a fire extinguisher?  Yes  No

24. Are employees and/or supervisors trained in first aid?  Yes  No

25. Are first aid kits available on all sites?  Yes  No

26. Are employees and/or supervisors trained in CPR?  Yes  No

27. Is there phone service available at all job sites?  Yes  No

28. What type of signaling or signaling equipment is used on site? \_\_\_\_\_

29. Are log-haulers employed?  Yes  No

a. If yes, are MVRs checked  Yes  No

b. How often are MVRs checked? \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_