



AGENCY CUSTOMER ID: _____

LOC #: _____

DATE: _____

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Wood Products & Lumber Specialty Application

SUBMISSION REQUIREMENTS

- 1. Is this a controlled risk or is this new business to the agency? Yes No
- 2. Complete ACORD applications if included
- 3. 5-year currently valued loss runs, including details on losses > 20k
- 4. Detailed narrative describing the operation, products and management
- 5. Lumber SOV
- 6. Emailed digital photos of any manufacturing buildings (interior and exterior)
- 7. Drivers list
- 8. Description of all named insureds
- 9. FEIN
- 10. Number of employees _____
- 11. Expiring or target premiums by line of business _____
 - a) Property Premium: \$ _____
 - b) CGL Premium: \$ _____
 - c) Auto Premium: \$ _____
 - d) Umbrella Premium: \$ _____
- 12. Provide Loss Control/Operations:
 - LC Contact Name: _____ Phone: _____
 - Email: _____

PROPERTY

- 1. Does insured have a written property maintenance program? Yes No
- 2. How far is insured from a public hydrant and firehouse (need both) for every location?
- 3. Is the wiring in conduit for all manufacturing buildings? Yes No
- 4. Is there a designated smoking area? Inside Outside Yes No
- 5. If a sawmill, is it on a raised deck? Yes No
- 6. Is insured doing any flammable finishing?
(if Yes, loss control will contact insured) Yes No
 - a) Is there a spray booth? Yes No
 - b) Is it sprinkler protected? Yes No

7. Is there a dust collection system? Yes No
- a) Is it a cyclone or bag system? Cyclone Bag
- b) Is the dust collection system inside or outside of the building? In Out
- c) Does the system have a warm air return back into the building?
If Yes, does it have an explosion damper on the return air duct? Yes No
- d) Is the dust collection system protected by a fire suppression system? Yes No
- e) Is the system protected by spark detection? Yes No

CASUALTY

1. Does insured have a written fleet safety program? Yes No
2. Does insured have a written fleet maintenance program?
 Average miles driven: _____ Yes No
3. Is the insured utilizing subcontractors?
If Yes, is insured attaining certificates at a 1 mill minimum? Yes No
- a) Is the insured given additional named insured status? Yes No
- b) Is a hold-harmless provision provided? Yes No
- c) Is there a written contract? Yes No
4. Is insured logging or do they have any logging transportation vehicles?
(if Yes, loss control will contact insured) Yes No
5. Is insured manufacturing roof or floor trusses?
(if Yes, loss control will contact insured) Yes No
6. Is insured renting power tools or equipment?
(if Yes, loss control will contact insured) Yes No

Please offer details for all "Yes" responses to the following questions

7. Does the insured use for-hire truckers? Yes No
 Explanation:
8. Do the insured's vehicles travel more than 200 miles on any of their runs? Yes No
 Explanation:
9. Does insured require any motor carrier filings? Yes No
 DOT #: _____
 MC #: _____
10. Any family use of a company vehicle? Yes No
 Explanation:
11. Is insured involved in any contracting or installation work? Yes No
 Explanation:
12. Does insured manufacture or modify windows or exterior doors? Yes No
 Explanation: