

**CENTURY SURETY COMPANY**

**SAWMILL/PLANING MILLS SUPPLEMENTAL QUESTIONNAIRE  
(Complete in addition to an Acord Application)**

1. Name of Applicant? \_\_\_\_\_

2. Show all operations, and payroll, subcontract cost and gross sales of each, conducted by applicant?

	<u>Payroll</u>	<u>Sub Cost</u>	<u>Sales</u>
Building Material Supply	_____	_____	_____
Forestry Service	_____	_____	_____
Logging	_____	_____	_____
Logging Road Construction	_____	_____	_____
Lumber Yards	_____	_____	_____
Planing Mill	_____	_____	_____
Pulp Mill	_____	_____	_____
Rental of Equipment to others with operators	_____	_____	_____
Rental of Equipment to others w/out operators	_____	_____	_____
Sawmill	_____	_____	_____
Other	_____	_____	_____

Explain what "Forestry Service" work is done? \_\_\_\_\_

Explain "Other"? \_\_\_\_\_

Explain type of equipment rented to others? \_\_\_\_\_

3. Does applicant use any of the following?

Casual Labor  Yes  No

Leased Workers  Yes  No

Explain any "yes" answers in detail (including payroll or cost)? \_\_\_\_\_

4. Describe, in detail, how your property is protected to prevent vandalism or theft? \_\_\_\_\_

5. If any buildings are metal clad, are they wood joisted or metal joisted (applies only if property coverage is desired)? \_\_\_\_\_

6. Provide the following basic financial information for the proposed covered operations?

Total gross sales from all covered operations \$ \_\_\_\_\_  
Total cost for all employees \$ \_\_\_\_\_  
Total cost for all materials \$ \_\_\_\_\_  
Total cost for all independent contractors \$ \_\_\_\_\_  
Total all other expenses \$ \_\_\_\_\_

7. How long has the insured been in business? \_\_\_\_\_

Is the insured's business seasonal?  Yes  No

8. Does insured have dust collecting system?  Yes  No

Is the system protected properly against fire and explosion?  Yes  No

9. Any welding done on premises?  Yes  No

Is welding operation directly supervised?  Yes  No

10. What is the separation between the log storage yard and the mill buildings? \_\_\_\_\_

11. Number of fire extinguishers on premises? \_\_\_\_\_ Number of exits? \_\_\_\_\_

Fire extinguishers serviced & tagged within the past year?  Yes  No

Date \_\_\_\_\_

Date \_\_\_\_\_

Applicant \_\_\_\_\_

Insured's Agent \_\_\_\_\_