

# LOGGING AND LUMBERING SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

## APPLICANT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Contact for Inspection \_\_\_\_\_

1. Nature of Job: \_\_\_\_\_  
\_\_\_\_\_

2. Location of Job: \_\_\_\_\_

2. Requested limits of liability \_\_\_\_\_ Property Damage Deductible (minimum \$500 per claim) \_\_\_\_\_

3. Have you attached a sample copy of a logging contract used in your operation? \_\_\_\_\_  Yes  No

4. Describe general geographical area(s) of operations: \_\_\_\_\_

5. Operations \_\_\_\_\_  BLM  USFS  Private Land

6. Any BLM or USFS permits previously denied or revoked? \_\_\_\_\_  Yes  No

If Yes, explain reason(s) for denial or revocation: \_\_\_\_\_

7. Does work require close proximity to highways, populated areas, recreational lands or water, or power lines? \_\_\_\_\_  Yes  No

If Yes, describe precautionary measure taken, including erosion control or landslide prevention: \_\_\_\_\_  
\_\_\_\_\_

8. Describe methods used to determine boundaries and identify trespass for cutting: \_\_\_\_\_  
\_\_\_\_\_

9. Describe measures taken to prevent trespassing and vandalism: \_\_\_\_\_

10. a. Are explosives used? \_\_\_\_\_  Yes  No

If Yes, describe frequency, methods of storage and transport, amounts and types on hand: \_\_\_\_\_  
\_\_\_\_\_

b. Are blasting operations performed by employees? \_\_\_\_\_  Yes  No

c. Are blasters properly licensed? \_\_\_\_\_  Yes  No

11. Describe types, methods of storage, and methods of transportation of chemicals used (including but not limited to pesticides or herbicides, fuel or other flammable liquids): \_\_\_\_\_  
\_\_\_\_\_

12. a. Are there established fire prevention procedures at the job site? \_\_\_\_\_  Yes  No

b. Are fire extinguishers available and/or mounted on equipment? \_\_\_\_\_  Yes  No

13. Is communication equipment available on job site for fire or other emergencies? \_\_\_\_\_  Yes  No

14. Describe method(s) of slash disposal: \_\_\_\_\_  
\_\_\_\_\_

15. Describe method of skidding used: \_\_\_\_\_  
\_\_\_\_\_

16. Provide estimate of the operation for next year:  
Payroll \_\_\_\_\_ Number of Employees \_\_\_\_\_

17. a. Do subcontractors perform any part of your operations? \_\_\_\_\_  Yes  No

If Yes, indicate type of work subcontracted and total annual cost of subcontracted work:

Logging \_\_\_\_\_ Log Hauling \_\_\_\_\_ Blasting \_\_\_\_\_

b. Describe other subcontract operations and cost of each: \_\_\_\_\_  
\_\_\_\_\_

c. Do all subcontractors provide evidence of insurance? \_\_\_\_\_  Yes  No

d. Do you require limits equal to or greater than your liability limits? \_\_\_\_\_  Yes  No

<b><u>THREE YEAR LOSS EXPERIENCE</u></b>	
<u>Date</u>	<u>Losses (description and amounts paid and incurred)</u>
_____	_____
_____	_____
_____	_____
_____	_____

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Producer Name, Address & Signature