

Logging & Lumbering Supplemental Application (Complete in addition to ACORD)

| 1. | Name of Applicant: | |
|-----|---|--------------------------|
| 2. | Are you licensed for Logging & Lumbering in the states you work in? License number(s) | ☐ Yes ☐ No |
| 3. | Number of employees (other than owners)? Number of owners? | |
| 4. | Payroll of employees (other than owners) \$ | |
| 5. | Do you use subcontractors? Describe work: | ☐ Yes ☐ No |
| 6. | Do you belong to any trade associations such as AF&PA, SAF, or TOC? If yes, which? | ☐ Yes ☐ No |
| 7. | Do you have any saw or planing mill operations? | ☐ Yes ☐ No |
| 8. | Do you own land where harvesting operations are being conducted? Are you hired by a landowner, land developer, or general contractor? Specify: | ☐ Yes ☐ No ☐ Yes ☐ No |
| 9. | Do you own any forestland? Number of acres? | ☐ Yes ☐ No |
| 10. | Do you conduct skyline yarding operations or use helicopters to conduct logging operations? | ☐ Yes ☐ No |
| 11. | Are fire extinguishers easily accessible on all mobile equipment? | ☐ Yes ☐ No |
| 12. | What agreements have been entered into concerning the condition of the land once the logging operations are completed? | |
| 13. | Have you posted warning signs along access roads and worksite perimeters to keep the public from trespassing in areas where timber harvesting is taking place? | ☐ Yes ☐ No |
| 14. | Do you permit drivers of non-owned vehicles to assist with loading operations (This practice should be prohibited.) | ☐ Yes ☐ No |
| 15. | Do you use explosives? | ☐ Yes ☐ No |
| 16. | Are visitors and workers prohibited from smoking while at the worksite? | ☐ Yes ☐ No |
| 17. | Do you sell forest products (e.g., timber, shredded bark, firewood, etc.,) that may have been contaminated with chemicals (e.g., herbicides, pesticides, or insecticides)? Describe: | ☐ Yes ☐ No |
| 18. | Do you operate as a forestry service? (cruising, providing timber, firefighting, forest management plans and reforestation). Describe: | ☐ Yes ☐ No |
| 19. | Do you own or operate a crane? Size of boom and jib? | ☐ Yes ☐ No |
| | Applicant's Signature: Date: | |
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