

Supplemental Application - Logging

Applicant Name: _____

General Liability

1. Number of job sites anticipated during this policy period? _____

2. In which counties will you be logging? _____

3. During this period, do your harvest plans include trees within 200 feet of a residential structure? Yes No

4. If yes please complete the following:

What % of the total trees to be harvested for the year are within 200 feet of a residential structure? _____

Describe the operation:

What safeguards do you have in place to protect bystanders and structures?

Number of jobs of this type to be completed this policy period. _____

Do you perform tree trimming or tree services? Yes No

5. What type of logging and other work (by %) do you perform?

Conventional Cat _____% Yarder _____% Mechanical _____% Type of cutting head? _____

Helicopter _____% Masticating _____% Reforestation _____%

Forest Road Building / Maintenance _____% Other (explain) _____%

6. With whom do you contract (by % of operation)?

USFS _____% Mill _____% Private _____% BLM _____% State _____%

Other _____% (explain) _____

7. Subcontractors Used? Yes No If Yes, please describe subcontracted operations:

Do you require signed certificates naming you as Additional Insured? Yes No

Do you require signed hold harmless agreements? Yes No

Are copies available? Yes No

8. Types of communication equipment available?

9. Describe training provided to employees in the proper use of fire tools including the proper use of fire extinguishers:

10. Are fire tools and equipment kept on active landing? Yes No

11. How often are fire tools and spark arrestors inspected?

12. Describe your in woods smoking policy:

13. Are all engine guards in place? Yes No If no, please explain:

14. Is firewatch conducted after shutdown? Yes No

By whom: _____ Describe firewatch procedures: _____

15. Do you clean combustible debris from Chippers and Fellerbunchers on a daily basis? Yes No N/A

16. Do you plan to burn slash during this policy period? Yes No

If yes, answer the following:

Type of slash burning? Landing piles _____ Lopping piles _____ Other _____

How many times/piles per year? _____ Time of year piles are burned? _____

Are fires manned 24/7 or until out? _____

17. Use of any pesticides and/or herbicides? Yes No

If yes, describe controls:

Applicant Signature _____

Date _____

