

**Ashland General Agency, Inc.**  
**LOGGING AND LUMBERING SUPPLEMENTAL APPLICATION**

(Complete in addition to the Acord General Liability Application)  
(Answer **ALL** questions - if they do not apply, indicate not applicable)

NAME (include dba / Inc. / LLC) : \_\_\_\_\_

1. Number of years experience: \_\_\_\_\_ Number of years in business: \_\_\_\_\_
2. Nature of Job: \_\_\_\_\_  
\_\_\_\_\_
3. Location of Job: \_\_\_\_\_
4. Have you attached a sample copy of a logging contract used in your operation? .....  yes  no
5. Describe general geographical area(s) of operations: \_\_\_\_\_
6. Operations:  BLM  USFS  Private Land \_\_\_\_\_
7. Any BLM or USFS permits previously denied or revoked? .....  yes  no  
If yes, explain reason(s) for denial or revocation: \_\_\_\_\_
8. Does work require close proximity to highways, populated areas, recreational lands or water, or power lines?..  yes  no  
If yes, describe precaution measures taken, including erosion control or landslide prevention: \_\_\_\_\_  
\_\_\_\_\_
9. Describe methods used to determine boundaries and identify trees for cutting: \_\_\_\_\_  
\_\_\_\_\_
10. Describe measures taken to prevent trespassing and vandalism: \_\_\_\_\_  
\_\_\_\_\_
11. Are explosives used? .....  yes  no  
If yes: a. 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
12. 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): \_\_\_\_\_
13. 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
14. Is communication equipment available on job site for fire or other emergencies?.....  yes  no
15. Describe method(s) of slash disposal: \_\_\_\_\_
16. Describe method of skidding used: \_\_\_\_\_
17. Provide estimate of the operation for next year: Payroll \$ \_\_\_\_\_ Number of employees \_\_\_\_\_
18. Do subcontractors perform any part of your operations? .....  yes  no  
If yes: a. Indicate type of work subcontracted by showing 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

This supplemental application does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

\_\_\_\_\_  
Applicant's Signature                      Print Signee                      Date                      Producer's Signature