



AGENTS INSURANCE MARKETS, INC.

P. O. Box 71360
Richmond, VA 23255-1360
800-627-0505 (Phone)/804-285-4945(Fax)

LOGGING AND LUMBERING SUPPLEMENT

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1. Are you licensed for Logging & Lumbering in the states you work in? Yes No
License number(s) _____
 2. Number of employees (other than owners)? _____ Number of owners? _____
 3. Payroll of employees (other than owners) \$ _____
 4. Do you use subcontractors? Yes No
Describe work: _____
 5. Do you belong to any trade associations such as AF&PA, SAF, or TOC? Yes No
If yes, which? _____
 6. Do you have any saw or planing mill operations? Yes No
 7. Do you own land where harvesting operations are being conducted? Yes No
Are you hired by a landowner, land developer, or general contractor? Yes No
Specify: _____
 8. Do you own any forestland? Yes No
Number of acres? _____
 9. Do you conduct skyline yarding operations or use helicopters to conduct logging operations? Yes No
 10. Are fire extinguishers easily accessible on all mobile equipment? Yes No
 11. What agreements have been entered into concerning the condition of the land once the logging operations are completed? _____
 12. 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
 13. Do you permit drivers of non-owned vehicles to assist with loading operations (This practice should be prohibited.) Yes No
 14. Do you use explosives? Yes No
 15. Are visitors and workers prohibited from smoking while at the worksite? Yes No
 16. 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)? Yes No
Describe: _____
 17. Do you operate as a forestry service? (cruising, providing timber, firefighting, forest management plans and reforestation). Yes No
Describe: _____
 18. Do you own or operate a crane? Yes No
Size of boom and jib? _____

Applicant's Signature: _____ Date: _____

Title: _____ Producing Agent: _____