



Minnesota
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ROBERT A. SCHNEIDER AGENCY, INC.

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

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

Date: _____

Applicant Signature

Producer Name, Address & Signature