

**LOGGING SUPPLEMENT  
(GENERAL LIABILITY)**

Named Insured \_\_\_\_\_

1. Does the insured own the land where harvesting operations are being conducted or are they contracted to do the harvesting? No  Yes
2. Has the insured entered into a contract for the logging operations? No  Yes  If yes attach copy of each.
3. Does the contract contain a waiver of subrogation? No  Yes
4. Does the contract require an additional insured? No  Yes
5. Who is responsible for building access road(s) to the land being logged? \_\_\_\_\_
6. Has permission been obtained from all parties to cross the land and construct the access road(s)? No  Yes
7. Does the insured check for underground utilities before beginning construction of access roads? No  Yes
8. Does the insured use explosives to build roads or to remove stumps? No  Yes
9. Does the insured conduct logging operations near residential areas or recreational lands? No  Yes  If yes explain below.  
\_\_\_\_\_
10. Does the insured sell firewood, shredded bark, or wood chips? No  Yes  If yes explain below.  
\_\_\_\_\_
- 11a. Does the insured conduct clear-cutting operations? No  Yes
- 11b. If so, how does the insured prevent erosion? \_\_\_\_\_  
\_\_\_\_\_
12. How does the insured dispose of the tree tops & cuttings? \_\_\_\_\_  
\_\_\_\_\_
13. Are the trees to be cut down marked so they can be identified? No  Yes
14. Who is responsible for marking the trees? \_\_\_\_\_
15. Does the insured secure the written affirmation of the property owners, or their legal representatives, of property bordering land on which they have a legal right to cut, affirming their agreement with the boundaries of land on which they have a legal right to cut? No  Yes
16. What safety measures does the insured have in place to prevent fires? \_\_\_\_\_  
\_\_\_\_\_
17. Does the insured use any sub-contractors or independent contractors? No  Yes  If yes explain below.  
\_\_\_\_\_
18. Does the insured require all sub-contractors or independent contractors to provide proof of liability insurance? No  Yes
19. Is the insured involved in any other business? No  Yes  If yes describe below.  
\_\_\_\_\_

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date