

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH **ROCKWOOD CASUALTY INSURANCE COMPANY**, A LICENSED INSURER.

Agent Code: _____ Agency Name: _____

Applicant Name: _____

Applicant Email Address: _____

1. Years of experience: _____

2. Does the insured own the land where harvesting operations are being conducted or are they contracted to do the harvesting? _____

3. Has the insured entered into a contract for the logging operations? No Yes If yes attach a copy of each.

4. Does the contract contain a waiver of subrogation? No Yes

5. Does the contract require an additional insured? No Yes

6. Who is responsible for building access road(s) to the land being logged? _____

7. Has permission been obtained from all parties to cross the land and construct the access road(s)? No Yes

8. Does the insured check for underground utilities before beginning the construction of access roads? No Yes

9. Does the insured use explosives to build roads or to remove stumps? No Yes

10. Does the insured conduct logging operations near residential areas or recreational lands? No Yes If yes explain below:

11. Does the insured sell firewood, shredded bark, or wood chips? No Yes If yes explain below:

12a. Does the insured conduct clear-cutting operations? No Yes

12b. If so, how does the insured prevent erosion? _____

13. How does the insured dispose of the tree tops and cuttings? _____

14. Are the trees to be cut down marked so they can be identified? No Yes
15. Who is responsible for marking the trees? _____
16. 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
17. What safety measures does the insured have in place to prevent fires? _____
18. Does the insured use any sub-contractors or independent contractors? No Yes If yes explain below: _____
19. Does the insured require all sub-contractors or independent contractors to provide proof of liability insurance? No Yes
20. Is the insured involved in any other business? No Yes If yes describe below: _____

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

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| APPLICANT'S SIGNATURE | DATE |
|-----------------------|------|