



Logging Inland Marine Supplemental Application

Yes No N/A

Is ANY of your inland marine equipment EVER driven, operated, or registered for use on public roads? *If yes, describe.*

Maintenance Information

Does equipment have vandalism/theft protection? *If yes, describe.*

Describe fire watch procedures at the end of the workday.

Is the insured involved in any form of slash burning?

What is the minimum operator experience requirement (in years)?

Does the insured have a formal safety program for their employees? *If yes, please provide details.*

Inland Marine Equipment Schedule

No.	Year	Make	Model	Type	Serial #	Value (\$)	Fire Extinguisher (Yes or No)	Coldfire/ Loaded Stream (Yes or No)	Approved Automatic Fire Suppression (Yes or No)	Date of last AFS Service/ Inspection
1										
2										
3										
4										
5										
6										
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11										
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20										

*Automatic Fire Suppression must be professionally mounted on your equipment and must be inspected every six (6) months by an appointed risk manager or approved vendor.