Professional Logging Contractors of the Northeast Contractor Member Application

Contact:	_
Company Name:	_
Mailing Address:	1.0GGING
City:	NAL DOGGING C
State/Province:ZIP/Postal Code:	A Story ANT LOGGING CONTRACTORS
Physical Address:	EO CT
Office Phone:	Provide a second
Cell Phone:	
Email:	
Additional E-mails for Weekly emails:	VORTHEAS'
Web site:	_
1. Federal Tax ID #YesNo	
2. Unemployment Insurance Account Number?Yes	5No
3. Workers' Compensation Policy?Yes	_No
* PLC policy is that Members must have a current workers comp. insurance policy membership if they do not have a current policy by being Master Logger Certified®	
Workers Comp. Agency:	
Workers Comp. Underwriter:	-
Workers Comp. Mod. Rating:	
4. Do you have a current General Liability Insurance Polic	y?YesNo
General Liability Agency:	
General Liability Underwriter:	
5. Current number of employees:	
6. Is your company third-party certified and/or do your en (please check all that apply): Northeast Master Logger Program	mployees participate in a logger training program
Certified Logging Professional Program	
Qualified Logging Professional Program	
LEAP Trained	
Other	

Questions? Call 207-688-8195 opt. 1

7. Does your company have a written safety program on file that is updated annually? _____Yes _____No (PLC NE members must have a written safety program on file as a condition of membership. The PLC NE will provide sample safety plans to assist with this process.)

8. Does your company conduct workplace safety inspections with a third party?_____Yes____No

9. Has your company violated the standards of a state Forest Practices Act or had state civil violations (i.e. timber theft or trespass) within the past five years? If yes, please explain._____Yes____No

10. During the past 12 months, have there been any significant changes in your company? If yes, please explain.

11. If your company has Acadia Insurance, would your company like to participate in the **2025 PLC/ Acadia Insurance Dividend Group**? (*participation in the Dividend Group is subject to underwriting approval by Acadia Insurance)

_____Yes - (if your answer is yes, please proceed to question 12.)

_____No - (if your answer is no, please proceed to question 13.)

12 Acadia Confidentiality Waiver- As a condition of participation in the PLC/Acadia Insurance Dividend Group, Acadia Insurance requires the PLC NE to obtain a signed confidentiality waiver from each participating company. On behalf of ("Company"), as a member of the PLC/Acadia Insurance Dividend Program, I hereby authorize Acadia Insurance and/or its appointed agents to release information relating to my insurance policies with Acadia Insurance, including but not limited to premiums and loss history, to the Executive Director of the PLC. The Executive Director of the PLC will keep this information confidential and will not share company specific information with the Executive Board, Full Board, or individual members of the PLC. I acknowledge and agree that the fore- going authorization will remain valid as long as the Company remains a member of the PLC and the PLC/Acadia Insurance Dividend program, unless expressly revoked in writing to Acadia Insurance and the PLC. The undersigned certifies that he/she is duly authorized to sign this authorization on behalf of the Company.

Signature:______Signature required to participate in dividend program.

Printed Name

All PLC/Acadia dividend program members and their employees are strongly encouraged to attend PLC Safety training annually.

Questions? Call 207-688-8195 opt. 1

13. PLC Code of Practice: (All PLC members must sign)

It is understood that all members of the PLC will adhere to its "Code of Practice". As a professional contractor, I will strive to operate in such a way as to engender the public's trust including meeting or exceeding the standards and principles as follows:

• Promote ethical conduct.

• Strive to always meet standards for harvesting practices, (if applicable) which are consistent with the principles of sustainable forestry.

- To operate responsibly in all phases of the business operation.
- Recognizing private landowner rights, I will strive to meet the landowner's objectives if they are consistent with sustainable forestry principles, federal, state and local laws.
- I will do all I can to educate and inform landowners, loggers, and others about the need to meet responsible forestry principles.
- I will participate in the Northeast Master Logger, Certified Logging Professional, Qualified Logging Professional or other third party recognized program that will provide me with recognition as having met the appropriate requirements for my company.
- Comply with all federal, state, and local laws and regulations, industry standards and guidelines applicable to the conduct of business operations.
- Conduct harvest operations in a safe manner which follow Occupational Safety and Health Administration (OSHA) regulations including safety planning and all provisions of such requirements.
- To operate my company profitably as a responsible member of the business community including compliance with all requirements and practices as they relate to my employees, vendors, and others I do business with.
- Continually strive to maintain positive relationships with landowners, procurement and mill personnel and the public in general.
- Do my part to assure that my industry has a positive image and to work with peer groups, trade associations and others to strive to bring all contractors up to these standards.
- Strive to continually improve my operations through training, innovation, employee programs and other appropriate means.
- Act responsibly to uphold the integrity of the logging profession.

Printed I	Name:
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Signature required:	_Company:
Title:	_Date:

Operational Data: (please complete any that apply)

# of harvesting crews:	_ Whole Tree Mechani	al <u>C</u> u	t to Length Mechanical	Conventional
Are you responsible for ha	rvesting stump to road	ide?		
Equipment Inventory				
Skidder:	# <u>cable</u>	#grapple	ڗ	
Feller buncher:	# <u> track</u>	#rubber	tire	
Harvester:	#6 wheel	#8 whee	el #Tracked	
Forwarder:	# <u></u> over 18 ton	#under 1	18 ton	
Delimber:	# <u>stroke</u>	#pull thr	ough	
Trucking:	#in-house	# contra	acted	
# of Trucks: 6 Axle log tr	uck/trailers	6 Axle Truck	/Chip Van	Wheeler
Estimated Total Tons Harve	ested and/or trucked in	2024:		2

2025 Membership Type (choose one):

Logging Contractor - **responsible for stump to roadside** –business is primarily engaged in timber harvesting, eligible for Board Membership, voting member, dividend eligible.* 2025 Membership dues are based on estimated 2024 production (tons produced 1/1/24 – 12/31/24) Please check the line that applies to your company.

25,000 tons & under:	\$250; <i>\$200 if Master Logger Certified</i>
25,001 to 50,000 tons:	\$500; \$400 if Master Logger Certified
50,001 to 100,000 tons:	\$750; \$650 if Master Logger Certified
100,001+ tons:	\$1000; <i>\$900 if Master Logger Certified</i>

<u>Affiliated Contractor - not responsible for stump to roadside</u>, except for sole proprietor without workers comp. insurance (must be Master Logger certified), owner-operator/sub-contractor, chipping contractor, grinding contractor, slashing contractor or chip mill – voting member, dividend eligible*, not eligible for Board Membership. 2025 Membership dues are based on estimated 2024 production (tons produced 1/1/24 – 12/31/24) Please check the line that applies to your company.

25,000 tons & under:	\$250; <i>\$200 if Master Logger Certified</i>
25,001 to 50,000 tons:	\$500; <i>\$400 if Master Logger Certified</i>
50,001 to 100,000 tons:	\$750; \$650 if Master Logger Certified
100,001+ tons:	\$1000; \$900 if Master Logger Certified

Forest Contractor - Trucking Only or Forest Road Construction: 50% or more of business is from forest activities – voting member, dividend eligible*, not eligible for Board Membership. 2025 Membership dues are based on 2024 data (number of employees 1/1/24 – 12/31/24) Please check the line that applies to your company.

- ____0-2 employees: \$100
- _____3-5 employees: \$250
- _____6-10 employees: \$500
- _____11+ employees: \$750

2025 Dues – (Maine based members – if you sent more than 50% of your employees to 2024 PLC Spring Safety Training – your dues are waived) We understand PLC's honor system is based on the membership level as set forth by the PLC Board of Directors and that any member found not paying fairly for 2024 will be assessed back dues.

2025 Dues Amount:

Log A Load Donation - Please accept my additional donation on behalf of the Log A Load for Kids program. Contributions will be distributed equally between Children's Miracle Network Hospitals that we are affiliated with. 2025 LAL Donation Amount: \$_____

Payment Options:

_____ To pay by credit card or free bank transfer - please check here and we will email you a secure link.

Check enclosed - mail to: Professional Logging Contractors of the NE, P.O. Box 1036, Augusta, ME 04332

Please send complete applications and payment to:

mail: Professional Logging Contractors of the NE, P.O. Box 1036, Augusta, ME 04332

email: office@plcloggers.org

fax: 207-620-7517



As a condition of membership, I agree that: - The burden of proof for eligibility rests with the applicant and all questions must be completed with accurate information.