

## Tree Trimmers Supplemental Application

\*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

**Instructions:** All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

### Section I – Applicant Information

Name of Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Website: \_\_\_\_\_  
 State(s) / Area of Operation: \_\_\_\_\_ Licensed for Business in State(s): \_\_\_\_\_  
 Years in Business: \_\_\_\_\_ Contractor License #: \_\_\_\_\_  
 Industry Experience: \_\_\_\_\_  
 Description of Operations: \_\_\_\_\_

### Section II – Exposure History

1. Please provide historical receipts, payroll and cost of subcontracted work.

Year	Annual Gross Receipts	Employee Payroll	Subcontracting Costs
5th Prior Year	\$	\$	\$
4th Prior Year	\$	\$	\$
3rd Prior Year	\$	\$	\$
2nd Prior Year	\$	\$	\$
Current Year	\$	\$	\$
Projected Next 12 Months	\$	\$	\$

### Section III – Descriptions of Operations

1. Please indicate work performed.

Operation	Payroll	Receipts
Tree Pruning or Cutting	\$	\$
Tree Removal	\$	\$
Tree Chipping	\$	\$
Stump Removal	\$	\$
Tree or Shrub Planting	\$	\$
Landscaping/Lawn Servicing (mowing, fertilizing, etc.)		
Other Operations - Describe: _____	\$	\$
Other Operations - Describe: _____	\$	\$
<b>Total:</b>	<b>\$</b>	<b>\$</b>

2. Identify trade associations and business organization affiliations:

- a. International Society of Arboriculture  Yes  No
- b. Tree Care Industry Association  Yes  No
- c. Other (indicate name): \_\_\_\_\_

### Section III – Description of Operations (continued)

3. Identify certifications held by owners or employees:

a. ISA-Certified Arborist

Yes  No

b. TCIA Tree Care Specialist

Yes  No

c. Other (indicate name): \_\_\_\_\_

### Section IV – Additional Operations

1. Does the applicant perform any stump removal or grinding?

Yes  No

2. Does the applicant use Cranes/Cherry pickers/lifts?

Yes  No

**If YES, maximum height:** \_\_\_\_\_

3. Does the applicant use any explosives?

**If YES, please describe:**

4. Does the applicant use pesticides or herbicides?

Yes  No

**If YES, are they EPA approved?**

Yes  No

5. Does the applicant perform any logging or lumbering?

Yes  No

**If YES, provide payroll and gross receipts:**

6. Does the applicant work on interstates?

Yes  No

**If YES, please describe work:**

7. Does the applicant work for any utilities?

Yes  No

**If YES, describe work:**

8. Percentage of work performed near utilities: \_\_\_\_\_ %

9. Does the applicant have any other active business ventures?

Yes  No

**If YES, please provide details:**

10. Does the applicant perform any ice or snow removal?

Yes  No

**If YES, please provide details:**

### Section V – Liability Control / Risk Transfer

1. Do you have a formal hiring procedure manual?

Yes  No

2. Do you have a formal training/safety program in place?

Yes  No

3. Are employees trained in use of each piece of equipment?

Yes  No

4. Does the applicant have a regular service schedule for equipment?

Yes  No

5. Do you comply with all standards of any statute, ordinance, regulation or license requirements or any federal, state or local government which apply to your operations?

Yes  No

6. Does the applicant follow all state and federal Environmental Protection Agency regulations?

Yes  No

7. Does the applicant have a DOT-compliant work zone arrangement?

Yes  No

8. Does the applicant conduct pre-job hazard determination surveys?

Yes  No

9. Are work site inspections performed?

Yes  No

## Section V – Liability Control / Risk Transfer (continued)

10. Is the applicant complaint with OSHA 1910.269 regarding utility line clearance?  Yes  No
11. Does the applicant post “No Parking” signs prior to work start?  Yes  No
12. Does the applicant utilize a pre-notification of job to surrounding neighborhood (attach sample)?  Yes  No
13. Do you use a written contract with customers?  Yes  No

**If NO, explain when not required:**

14. Do you use a written contract with subcontractors?  Yes  No
- a. Do your contracts contain a hold harmless agreement in your favor?  Yes  No
- b. Are you added as additional insured on the subcontractors' liability policies?  Yes  No
15. Do you obtain certificates of insurance from all subcontractors?  Yes  No

**If YES, minimum limits required:** \_\_\_\_\_

16. Do you have Workers' Compensation coverage in force?  Yes  No
17. Do you provide architectural or engineering design services?  Yes  No
- a. **If YES, please explain:** \_\_\_\_\_
- b. Do you carry Errors and Omissions coverage for these services?  Yes  No

## Section VI – Claim History

1. Does the applicant have any knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against any named in the application?  Yes  No

**If YES, please describe:**

2. Are there any claims or legal actions pending against any active, inactive or dissolved entities in which you have had a controlling interest?  Yes  No

**If YES, please describe:**

3. Has the applicant ever been accused of breaching a contract in the past five (5) years?  Yes  No

**If YES, please describe:**

4. Has the applicant been fired or replaced on a job in progress in the past three (3) years?  Yes  No

**If YES, please describe:**

5. Has the applicant ever been named in litigation regarding faulty construction in the past eight (8) years?  Yes  No

**If YES, please describe:**

6. Has the applicant ever had a lapse in GL coverage?  Yes  No

**If YES, please describe:**

## Fraud Warning

**Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.**

**ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

**COLORADO:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

**FLORIDA and OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

**KANSAS:** An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OREGON:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**TENNESSEE and WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

## Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

### Applicant:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.**

Name of Producing Agency: \_\_\_\_\_

Signature of Producing Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY**