General Information

**Website**:

**Percentage of work done:**

Residential:      %

Commercial:      %

***(Must equal 100%)***

**Percentage of work done:**

Maintenance:      %

Installation/Construction:      %

***(Must equal 100%)***

**Services offered:**

**Note the insured’s operations:**

**(*Indicate all equipment used*)**

[ ]  Tractors

[ ]  Loaders

[ ]  Chippers

[ ]  Chainsaws

[ ]  Stump cutters

[ ]  String trimmers

[ ]  Mowers

[ ]  Blowers

[ ]  Cranes

[ ]  Bobcats

[ ]  Trenchers

[ ]  Ladders

[ ]  Aerial lifts

[ ]  Bucket lifts

[ ]  Scaffolding

[ ]  Other Please specify:

**Trenching / Excavations:**

[ ]  Yes [ ]  No

**Depth exposure:**

[ ]  Yes      ft [ ]  No

Other Types of Exposure

**Weed Abatemnet / Erosion Control / Debris Removal /**

**Land Clearing:**

[ ]  Yes [ ]  No      %

**Irrigation/ Sprinklers:**

[ ]  Yes [ ]  No      %

**Any roadside / freeway/ median work:**

[ ]  Yes [ ]  No      %

**Hardscape/ concrete/ masonry/ carpentry work:**

[ ]  Yes [ ]  No      %

**If yes, are all applicators certified?:**

[ ]  Yes [ ]  No      %

**For all answered yes, provide details of services:**

Tree Care / Trimming

**Tree prunning/triming:**

[ ]  Yes [ ]  No

**If yes, using?**

[ ]  Ladders [ ]  Lift

**Tree climbing:**

[ ]  Yes [ ]  No

**Max height exposure:**

     ft

**Number of certified arborists:**

**Number of TCIA Tree Care Specialists:**

**Is tree care work restricted to a specific crew or specific individuals?:**

[ ]  Yes [ ]  No

**Any installation/ removal of box trees larger than 5 gallons?:**

[ ]  Yes [ ]  No      %

**Is there a disciplinary program for fall protection safety violations?:**

[ ]  Yes [ ]  No

**Are all job sites inspected prior to accepting contracts?:**

[ ]  Yes [ ]  No

**Is any utility line- clearance work performed?:**

[ ]  Yes [ ]  No

**If yes, percentage of payroll for this in the last 12 months:**

     %

**Describe the extent of any tree relocation and stump removal services?**

**Tree removal:**

[ ]  Yes [ ]  No

**Stump Removal/Grinding:**

[ ]  Yes [ ]  No

\* A copy of the Fall Protection Program will be requested to secure binding