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