



**Tree Trimmers General Liability Supplemental Application**  
(Complete in addition to ACORD General Liability application)

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

State/Area of Operations: \_\_\_\_\_ Web site Address: \_\_\_\_\_

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" OR "N/A"

1. Number of years applicant has been in business under this name: \_\_\_\_\_

Operations are:.....  Full-time  Part-time

2. Provide details of all your operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Other active business ventures: \_\_\_\_\_

4. Do you belong to a trade association or business oranzations?.....  Yes  No

If yes, what is the name of the association or business organization? \_\_\_\_\_

5. Identify certifications held by owners or employees:

ISA Certified Arborist

TCIA Tree Care Specialist

Other (indicate Name): \_\_\_\_\_

6. Do you follow the American National Standards Institute (Z.133.1)?.....  Yes  No

7. Do you follow all state and federal Environmental Protection Agency regulations?.....  Yes  No

8. Applicant Operations:

Operation	Payroll	Receipts
Tree pruning or cutting	\$	\$
Tree Removal	\$	\$
Tree Chipping	\$	\$
Stump Removal	\$	\$
Tree or Shrub Planting	\$	\$
Landscaping	\$	\$
Lawn servicing (mowing, fertilizing, etc.)	\$	\$
Snowplowing Residential	\$	\$
Commercial—Retail	\$	\$
Commercial—Other	\$	\$
Streets and Roads	\$	\$

Operation	Payroll	Receipts
Fumigation, crop dusting or aerial spraying	\$	\$
Sales of commercial fruit trees and/or seeds	<b>Not Applicable</b>	\$
Other—Please describe: _____ _____	\$	\$
<b>Total Payroll and Receipts</b>	<b>\$</b>	<b>\$</b>

9. Number of Climbers: \_\_\_\_\_
10. Number of Employees (Including Owners): \_\_\_\_\_
11. Estimated Number of Full-Time Staff: \_\_\_\_\_
12. Estimated Number of Part-Time Staff: \_\_\_\_\_
13. Describe Equipment used in operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Cranes/Cherry pickers/lifts—Maximum height: \_\_\_\_\_

15. Indicate percentage of total operations performed by you or subcontractors:

Operation	Percentage	Operation	Percentage
Blasting	%	Lawn Care	%
Cranes	%	Soil Testing	%
Design	%	Stump Removal	%
Excavating	%	Surveying	%
Foundations	%	Tree Trimming	%
Landscaping	%	Tree/Shrub Planting	%
Other:	%	Other:	%

16. List the subcontracted trades used and the percentage of total operations:

Subcontracted Trade	Percentage	Subcontracted Trade	Percentage
Blasting	%	Other:	%
Crane	%	Other:	%
Design	%	Other:	%
Excavating	%	Other:	%
Other:	%	Other:	%
Other:	%	Other:	%
Other:	%	Other:	%
Other:	%	Other:	%

17. Liability Controls:

- a. Do you use a written contract with customers? .....  Yes  No  
If no, explain when not required: \_\_\_\_\_  
\_\_\_\_\_

- b. Do you use a written contract with subcontractors? .....  Yes  No  
If no, explain when not required: \_\_\_\_\_
- c. Do your contracts contain a hold harmless agreement in your favor? .....  Yes  No
- d. Do you obtain certificates of insurance from all subcontractors? .....  Yes  No  
If yes, minimum limits required: \_\_\_\_\_
- e. Are you added as additional insured on the subcontractors' liability policies?.....  Yes  No
- f. Do you have Workers' Compensation coverage in force? .....  Yes  No
- g. Do you provide architectural or engineering design services? .....  Yes  No  
If yes, explain: \_\_\_\_\_
- h. Do you carry Errors and Omissions coverage for these services? .....  Yes  No

**18. Off Premises Exposures**

- a. DOT—compliant workzone arrangement? .....  Yes  No
- b. Pre-job hazard determination surveys done? .....  Yes  No
- c. Work site inspections performed? .....  Yes  No
- d. No Parking signs posted prior to work start? .....  Yes  No
- e. Utility line clearance per OSHA 1910.269? .....  Yes  No
- f. Neighborhood pre-notification of job (attach sample)? .....  Yes  No
- g. Percentage of work performed near utilities: ..... \_\_\_\_\_%

- 19. Does applicant use pesticides or herbicides?** .....  Yes  No  
If yes, are they EPA approved?.....  Yes  No  
How are employees trained in handling: \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNINGS:**

**FRAUD WARNING:** 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 subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** 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 and may be subject to fines and confinement in prison.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company 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 subjects such person to criminal and civil penalties.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO MAINE APPLICANTS:** 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 a denial of insurance benefits.

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

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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 and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.

**APPLICABLE IN THE STATE OF 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION OR AUDIT: \_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.