

Application for Tree Surgeons & Landscapers & Snow Removal

- 1) Name of Applicant: _____
 Street Address: _____
 City _____ State: _____ Zip: _____
 Website Address: _____
- 2) Individual Corporation Partnership Other (Explain): _____
- 3) List full names of individuals or partners and their interests: _____
- 4) Show number of:
 Partners, Owners, Officers: _____ Full-time employees: _____ Part-time employees: _____
 Other (Please explain): _____
 Annual Receipts: \$ _____ Total Annual Payroll: \$ _____
- 5) Date Established: _____
- 6) Provide the following insurance information. If no prior insurance, check here:

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence or Claims Made	Type of Coverage

- 7) During the past three years, have any claims been presented to your current or prior insurance carrier? Yes No If yes, provide full details, include description of claim, amounts paid and reserves (Attached page if more space needed): _____
- 8) Has applicant, or any other person for whom insurance is being requested, result in a claim? Yes No If yes, provide full details: _____
- 9) Is the applicant, or any other person for whom insurance is being requested, had any liability application denied, policy cancelled or policy not renewed in past three years? Yes No
 If yes, provide full details: _____
- 10) Provide details of licensing or certification needed for this operation: _____

Type of license held: _____ Expiration date of license: _____

- 11) How many years of experience does the applicant have as:
 Tree Surgeon: _____ Landscaper: _____

- 12) Show percentage of receipts for each of the following:

	COMMERCIAL	RESIDENTIAL
Tree Surgery	%	%
Landscaping	%	%
Snow Removal	%	%

- 13) List all equipment used: _____
- 14) Does the applicant use any explosives? Yes No If yes, please provide full details: _____
- 15) Is there a formal training program for all employees? Yes No If yes, please provide full details: _____
- 16) Please list all chemicals used: _____
- 17) Does the applicant manufacture, compound or sell any chemicals? Yes No
- 18) Provide details of chemical storage and EPA number: _____

- 19) Does the applicant use independent contractors? Yes No Describe work done by independent contractors: _____
- 20) Does the applicant require certificates of insurance from independent contractors showing General Liability and Workers Comp coverage in force? Yes No
- 21) Do you assume anyone else's liability in your contracts? Yes No If yes, attach copy of contract.

22)

Additional Insureds	Describe Interests of Additional Insureds

(Attach page with additional information, if needed)

23) LIMITS OF INSURANCE REQUESTED:

- General Aggregate Limit (Other than Products - Completed Operations) \$ _____
- Products - Completed Operations Aggregate Limit \$ _____
- Personal and Advertising Injury Limit \$ _____
- Each Occurrence Limit \$ _____
- Fire Damage Limit (up to \$50,000 limit available) (any one (1) fire) \$ _____
- Medical Expense Limit (up to \$5,000 limit available) (any one (1) person) \$ _____
- Each Professional Incident Limit (if applicable) \$ _____

24) Show receipts for each of the following:

	COMMERCIAL	RESIDENTIAL
Snow Removal		

25) Complete the following information:

	DRIVEWAYS	PARKING LOTS	STREETS/ROADS
Snow Removal Payroll	\$ _____	\$ _____	\$ _____
Snow Removal Receipts	\$ _____	\$ _____	\$ _____

26) Describe equipment used (pick up trucks, dump trucks, front loaders, etc. Include make, model and size):

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

(Attach page with additional information, if needed)