

Supplement For Tree Surgeons & Landscapers

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?
 If yes, provide full details. Yes No
 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	%	%

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

Applicant's Signature:

Date:

Title:

Producing Agent:

ADDENDUM TO APPLICATION

Insured's/Applicant's Name: _____

TO BE ATTACHED TO AND MADE A PART OF ALL APPLICATIONS

It is agreed that the following FRAUD STATEMENTS are attached to the application:

APPLICABLE IN THE STATE OF PENNSYLVANIA:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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.

APPLICABLE IN THE STATE OF NEW YORK:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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.

APPLICABLE IN ALL OTHER STATES:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. (Not Applicable in CO, HI, NE, OH, OK, OR, IN, DC, LA, ME and VA insurance benefits may also be denied)

I have read and accept the above (To be signed by the Insured/Applicant)

Insured/Applicant Signature

Date