

## Supplement 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?  
 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	%	%
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.
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9.
10.

(Attach page with additional information, if needed)

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)**

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Insured/Applicant Signature

Date