



Tree Trimming, Landscape Gardening and Lawn Care Services

Application Information

Applicant Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Location Address _____

City _____ State _____ Zip Code _____

Applicant's Website _____

Applicant's contact name _____

Phone number _____ Email _____

Years in business under current name _____ Years of experience in this field _____

Proposed Effective Date: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Operations

1. Check all operations that are performed:

<input type="checkbox"/> Blasting	<input type="checkbox"/> Masonry hardscaping
<input type="checkbox"/> Crop dusting, aerial spraying, or any agricultural-related spraying	<input type="checkbox"/> Mosquito control for municipalities or counties
<input type="checkbox"/> Excavation	<input type="checkbox"/> Out-of-state storm clean-up
<input type="checkbox"/> Fence erection	<input type="checkbox"/> Pollution testing or clean-up
<input type="checkbox"/> Grading of land	<input type="checkbox"/> Renting, loaning, or leasing of equipment to others
<input type="checkbox"/> Industrial work	<input type="checkbox"/> Retaining wall installation/repair
<input type="checkbox"/> Installation of lawn sprinklers	<input type="checkbox"/> Snow plowing or ice removal
<input type="checkbox"/> Landscape gardening	<input type="checkbox"/> Swimming pool servicing
<input type="checkbox"/> Lawn Care Service (<i>maintenance, mowing, fertilizing, etc.</i>)	<input type="checkbox"/> Tree grinding/stump removal
<input type="checkbox"/> Lawn sprinkler installation, service, or repair	<input type="checkbox"/> Tree pruning, dusting, spraying, trimming or fumigating
<input type="checkbox"/> Other (describe) _____	

2. Check all locations where work is performed:

<input type="checkbox"/> Airport grounds	<input type="checkbox"/> Highway or utility rights-of-way
<input type="checkbox"/> Alongside railroads	<input type="checkbox"/> Medians or alongside highways or thruways
<input type="checkbox"/> Condominiums or townhome associations	<input type="checkbox"/> Public roads
<input type="checkbox"/> Farms	<input type="checkbox"/> Residential homes
<input type="checkbox"/> Gas stations	<input type="checkbox"/> Rooftop projects
<input type="checkbox"/> Government or military facilities	<input type="checkbox"/> State/national historic landmarks/buildings
<input type="checkbox"/> Other (describe) _____	

3. Total annual gross sales \$_____

4. Total annual payroll \$_____

5. Show percentage of work in: Residential _____ % Commercial _____ %

Operations Continued

	Yes	No
6. Does the applicant use subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, what is the annual subcontractor cost? \$ _____		
b. Type of work subcontracted _____		
c. Are certificates of insurance obtained requiring subcontractors to have equal to or greater liability limits?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are all contracts in writing and do they include a hold harmless agreement and indemnification wording in favor of the named insured?	<input type="checkbox"/>	<input type="checkbox"/>
e. Is the named insured listed as additional insured on the subcontractors' policies?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the applicant licensed where required by state?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the applicant allow their license to be used by other contractors to obtain a permit?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are other contractors allowed to use the applicant's license without the applicant supervising the jobsite?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the applicant pull permits for jobs for which the applicant has not been contracted?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has action by a licensing authority ever been taken against the applicant?	<input type="checkbox"/>	<input type="checkbox"/>
12. In what states does the applicant operate? _____		
13. Does the applicant work in the state of New York?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the applicant have a formal safety program in place?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the applicant use "Dig Safe" or similar service prior to any digging?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does the applicant use pesticides or herbicides?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, are they EPA approved?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are warning signs posted in areas where the applicant has applied chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
c. Any algae or plant control in lakes, ponds, rivers, or streams?	<input type="checkbox"/>	<input type="checkbox"/>
d. Provide details of chemical storage and EPA number:		
e. Does the applicant use any "restricted use" pesticides or herbicides?	<input type="checkbox"/>	<input type="checkbox"/>
f. If yes, do users have proper EPA licenses?	<input type="checkbox"/>	<input type="checkbox"/>
g. Is the applicant a licensed herbicide/pesticide applicator?	<input type="checkbox"/>	<input type="checkbox"/>
h. List all chemicals used _____		
i. Does the applicant manufacture or sell any chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
17. If the applicant works near electrical wires, are lines shut down by the electric company prior to the work being performed?	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the applicant do any out-of-state storm clean-up work?	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the applicant been contracted by any government agency to perform storm clean-up?	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the applicant been contracted by any municipalities to perform roadside tree trimming services?	<input type="checkbox"/>	<input type="checkbox"/>
21. Does the applicant use any explosives in their operations?	<input type="checkbox"/>	<input type="checkbox"/>

Prior Coverage

Please provide prior insurance information for this enterprise.

 Check if none

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

Loss History

Please provide loss history for the past 5 years or attach 5 years of currently valued prior insurer loss runs.

 Check if no losses in the past 5 years.

Date of Occurrence	Description of Occurrence	Amount Paid and Reserved	Yes	No
		\$		
		\$		
		\$		
		\$		
		\$		
Has your facility ever been cited by OSHA or any other regulatory agency?			<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain _____				
Are there any other incidents, conditions, or circumstances which may result in claims against you?			<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide details _____				
Has the applicant had an insurance policy cancelled or non-renewed in the past 3 years?			<input type="checkbox"/>	<input type="checkbox"/>
<i>(Missouri applicants – do not answer this question)</i>				
If yes, please provide details _____				

The Applicant agrees and acknowledges that any claim arising from any incident, condition, circumstance, defect or suspected defect known to exist at the time this Application is submitted shall be excluded from coverage. It is understood and agreed that any claim arising from any prior or pending litigation or written or oral demand shall be excluded from coverage.

The undersigned officer of the Applicant declares that:

- He or she is authorized to sign this Application on behalf of the Applicant;
- To the best of his or her knowledge, the statements made herein are true and correct, and reasonable efforts have been made to ascertain that the information set forth is complete and accurate in all respects;
- He or she will notify the insurer immediately in writing if he or she discovers, between the date of this Application and the effective date of the Policy issued on the basis of this Application, any significant adverse change in the condition of the Applicant or other knowledge which renders the information provided in this Application incomplete or inaccurate; and
- He or she understands that any quotation or offer of coverage tendered by the insurer is made in reliance upon the accuracy and completeness of the information provided in this Application.

Signing this Application does not obligate the Applicant to purchase insurance and accepting this Application does not bind the insurer to complete the insurance or to issue any particular policy.

Applicant Printed Name _____

Applicant Signature _____

Title _____

Date _____