**TREE TRIMMERS GENERAL LIABILITY APPLICATION**

|  |  |
| --- | --- |
| Applicant’s Name:    Mailing Address:    Location Address: | Agency Name:  Agent No.:  Address:    E-mail:  Phone No.: |

**PROPOSED EFFECTIVE DATE: From**       **To**       **12:01 A.M., Standard Time at the address of the Applicant**

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture

Limited Liability Company  Other (Specify):

**Website Address:**

**E-mail Address:**       **Phone Number:**

**Inspection Contact:**

**E-mail Address:**       **Phone Number:**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE.” (N/A)

**Limits Of Liability and Deductible Requested:**

|  |  |
| --- | --- |
| General Aggregate (other than Products/Completed Operations) | $ |
| Products and Completed Operations Aggregate | $ |
| Personal and Advertising Injury (any one person or organization) | $ |
| Each Occurrence | $ |
| Damage To Premises Rented To You (any one premise) | $ |
| Medical Expense (any one person) | $ |
| Errors and Omissions Each Claim (Cannot exceed GL Limits) Aggregate | $      $ |
| In-Transit Pollution Coverage | $25,000/$100,000 (included) |
| Pesticide/Herbicide Applicator Coverage (Included up to GL limits) | $ |
| Property Damage Extension (CCC) Maximum limits $300,000/$300,000 (Cannot exceed GL Limits) | $5,000/$25,000 (included)  Other |
| Other Coverages, Restrictions and/or Endorsements: | $ |
| Deductible | $ |

**1. Location of Operations:**

|  |  |
| --- | --- |
| **Street Address and City** | **State** |
| 1.  Same as mailing address |  |
| 2. |  |
| 3. |  |

**2. How many years has applicant been in business?**        Full-time  Part-time

Years of experience in this field:

**3. Type of Work:**

Commercial:      %

Residential:      %

**4. Does applicant use pesticides or herbicides?**  Yes  No

If yes: Are they EPA approved?  Yes  No

What is the percentage of operations?      %

**5. Does applicant use Cranes?**  Yes  No

If yes, what is maximum height?

**6. Does applicant have a formal safety program in place?**  Yes  No

**7. Does applicant subcontract work?**  Yes  No

If yes: Annual subcontract cost: $

Type of work subcontracted:

Are Certificates of Insurance obtained?  Yes  No

Minimum limits required of subcontractors: $

**8. Description of Operations:**

|  |  |  |
| --- | --- | --- |
| **Operation** | **Payroll** | **Receipts** |
| Arborist (If yes: Are they ISA certified?)  Yes  No | $ | $ |
| Controlled Burns | $ | $ |
| Crop dusting or aerial spraying | $ | $ |
| Defensible Space contractor | $ | $ |
| Highway, street or utility right-of-way maintenance | $ | $ |
| Landscaping | $ | $ |
| Lawn Servicing (mowing, fertilizing, etc.) | $ | $ |
| Logging and Lumbering | $ | $ |
| Mulch Manufacturing | $ | $ |
| Snow or ice removal (If yes: GLS-SUPP-6, Snow Removal  Supplement required)  Yes  No | $ | $ |
| Tree trimming | $ | $ |
| Tree/stump removal | $ | $ |
| Use of Explosives | $ | $ |
| Other—Please describe: | $ | $ |
| **Total** | $ | $ |

**9. Employee Data:**

|  |  |
| --- | --- |
| **Category** | **Number** |
| Owner(s) only |  |
| **Other than clerical:** Full-time |  |
| Part-time |  |
| Leased |  |
| **Total** |  |

**10. Additional Insured Information:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Interest** |
|  |  |  |
|  |  |  |
|  |  |  |

**11. During the past three years, has any company canceled, declined or refused similar insurance to the applicant?** (Not applicable in Missouri)  Yes  No

|  |
| --- |
| If yes, please explain: |

**12. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?**  Yes  No

|  |
| --- |
| If yes, describe: |

**13. Does applicant have any other business ventures for which coverage is not requested?**  Yes  No

|  |
| --- |
| If yes, explain and advise where insured: |

**14. Prior Carrier Information:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year:** | **Year:** | **Year:** |
| **Carrier** |  |  |  |
| **Policy No.** |  |  |  |
| **Coverage** |  |  |  |
| **Occurrence or Claims Made** |  |  |  |
| **Total Premium** |  |  |  |

**15. Loss History:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.**  Check if no losses last three years. | | | | |
| **Date of  Loss** | **Description of Loss** | **Amount  Paid** | **Amount  Reserved** | **Claim Status (Open or  Closed)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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 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 AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**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.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S SIGNATURE: DATE:

CO-APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

AGENT NAME:       AGENT LICENSE NUMBER:

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT:

(Applicable in Iowa Only)

|  |  |  |
| --- | --- | --- |
|  | **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. | | |