

TREE TRIMMERS SUPPLEMENT APPLICATION

(Include Acord application)

Applicant's Name: _____ Location Address: _____
 Mailing Address: _____

Is applicant properly licensed where required by law? Yes No License Number _____

Number of active owners/officers/partners: _____ Number of Employees: _____

Estimated annual: Payroll (excl. owner) _____ Receipts _____ Subs Costs _____

Does applicant carry Workers' Compensation coverage on temporary employees? Yes No

Does applicant lease employees from others? Yes No

If yes, please provide payroll. \$ _____

Does applicant subcontract work to others? Yes No

If yes, are certificate of insurance required? Yes No

Do subcontractors name the applicant an additional insured? Yes No

| List subcontractor trade used with costs and percentage of operations | | | | | |
|---|------|---|-------|------|---|
| Trade | Cost | % | Trade | Cost | % |
| | | | | | |
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| | | | | | |

| List equipment owned or leased | | | |
|--------------------------------|-----------------|-------------------|-----------------|
| Type of Equipment | Owned or Leased | Type of Equipment | Owned or Leased |
| | | | |
| | | | |
| | | | |
| | | | |

Please detail any "yes" answers to the following questions below.

Does the applicant perform any stump removal or grinding? Yes No

If yes, explain process: _____

Does the applicant have a regular service schedule for all equipment? Yes No

Does the applicant use any pesticides/herbicides not approved by the EPA? Yes No

Does the applicant use any explosives? Yes No

Does the applicant perform any logging or lumbering? Yes No

*If yes, include payroll and gross receipts

Does the applicant work on interstates? Yes No

Does the applicant pre-job surveys to locate wires? Yes No

Does the applicant work for any utilities? Yes No

If yes, please list: _____

Details:

Attach a copy of applicant's standard contract.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date

Print

Clear Form



CONTRACTOR SUPPLEMENTAL APPLICATION

NOTE: Complete in Addition To Acord Application. Applications incomplete or unsigned by the applicant are unacceptable.

| | | |
|--|---|---------------------------|
| APPLICANT INFORMATION | | 2. WEB ADDRESS |
| 1. NAME (FIRST NAMED INSURED AND OTHER NAMED INSUREDS) * | | |
| * IF INSURED HAS EVER OPERATED UNDER A DIFFERENT NAME(S), LIST ALL HERE: | | |
| 3. NUMBER OF YEARS IN <u>THIS</u> TYPE OF BUSINESS? | 4. DESCRIBE TYPE OF WORK INSURED SPECIALIZES IN: | |
| 5. STATES INSURED OPERATES IN AND IS LICENSED IN? | 6. DESCRIBE ALL OTHER TYPE OF WORK INSURED PERFORMS OR HAS PERFORMED AND TYPICAL CUSTOMER: | |
| | 7. CONTRACTOR LICENSE NUMBER(S) AND NAME(S) ON LICENSE(S): | |
| 8. FINANCIALS / STAFFING: TOTAL RECEIPTS COST OF SUB-CONTRACTORS \$ # OF OWNERS OWNER PAYROLL \$ #OF EMPLOYEES EMP. PAYROLL \$ | 9. DOES INSURED HOLD ANY OTHER LICENSES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE: | |
| | 10. DESCRIBE INSURED'S 5 CURRENT/COMPLETED LARGEST PROJECTS, ANTICIPATED COMPLETION DATE AND LOCATIONS (CITY/STATE) OF THE SITE: A.) B.) C.) D.) E.) | |
| | 11. WHAT PERCENT OF YOUR REVENUES HAVE BEEN DERIVED FROM YOUR OPERATION AS A: a. General Contractor % VERSUS Artisan or Sub-Contractor % (Total = 100%) | |
| 12. PERCENT OF CONSTRUCTION WORK PERFORMED BY INSURED (Total = 100% for each section a, b, & c) | | |
| A. NEW CONSTRUCTION % | B. COMMERCIAL % | C. INSIDE BUILDING % |
| REMODELING % | RESIDENTIAL % | OUTSIDE BUILDING % |
| OTHER % | | |

| 13. CLASSIFICATION OF OPERATIONS (PAYROLL / SUB-COSTS) | | | | | |
|--|------------------|----------------------|--|------------------|----------------------|
| Class | Employee Payroll | Sub-Contractor Costs | Class | Employee Payroll | Sub-Contractor Costs |
| Advertising Sign Co. – Outdoors | \$ | \$ | Heating / AC Install Repair – No LPG | \$ | \$ |
| A/C System Install & Repair (91111) | \$ | \$ | Insulation | \$ | \$ |
| Appliance Install, Svc, Repair - Home | \$ | \$ | Masonry (no EIFS or Synthetic Stucco) | \$ | \$ |
| Appliance Install, Svc, Repair - Comm | \$ | \$ | Painting – Exterior < 3 Stories | \$ | \$ |
| Cable / Subscription TV Companies | \$ | \$ | Painting – Interior | \$ | \$ |
| Carpentry – Residential < 3 stories | \$ | \$ | Paperhanging - Wallpapering | \$ | \$ |
| Carpentry – Interior / Finish | \$ | \$ | Plumbing – Residential | \$ | \$ |
| Carpentry - NOC | \$ | \$ | Plumbing – Commercial | \$ | \$ |
| Ceiling or Wall Installation - Metal | \$ | \$ | Roofing - Residential | \$ | \$ |
| Chimney Cleaning / Inspection | \$ | \$ | Roofing - Commercial | \$ | \$ |
| Concrete Construction | \$ | \$ | Septic Tank Systems Cleaning | \$ | \$ |
| Debris Removal – Const. Site No Haz. | \$ | \$ | Septic Tank Systems – Install / Repair | \$ | \$ |
| Door, Window Installation | \$ | \$ | Sewer Cleaning | \$ | \$ |
| Drywall or Wallboard Installation | \$ | \$ | Sheet Metal Work – Outside < 3 Stories | \$ | \$ |
| Electrical Apparatus Install, Service | \$ | \$ | Siding Installation | \$ | \$ |
| Electrical Work Within Buildings | \$ | \$ | Sign Painting or Lettering Inside Bldgs. | \$ | \$ |
| Fence Erection – No Electrified | \$ | \$ | Sign Painting or Lettering On Buildings | \$ | \$ |
| Floor Covering Install –No Tile / Stone | \$ | \$ | Tile, Stone, Marble - Interior | \$ | \$ |
| Glass Dealer & Glaziers < 3 Stories | \$ | \$ | Other: | \$ | \$ |
| Handyperson – Residential | \$ | \$ | Other: | \$ | \$ |

* Above listing does not include all classifications that require the BG-C-07. Please refer to individual classification Rate Page to confirm the requirement for the supplemental application.



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| | | | |
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| 14. INDICATE THE PERCENT OF WORK INSURED PERFORMS BASED ON TOTAL OPERATIONS OF ANY OF THE FOLLOWING: | | | |
| AIRPORTS | % | FIRE SUPPRESSION | % |
| ASBESTOS REMOVAL | % | GAS/WATER MAINS | % |
| BLASTING | % | GRADING | % |
| BRIDGE CONSTRUCTION | % | LANDFILLS | % |
| BORING | % | LEAD PAINT REMOVAL | % |
| BOILER INSPECTION | % | MAINTENANCE | % |
| BLDG. – RAISING OR MOVING | % | MASONRY | % |
| COFFERDAM OR CAISSON WORK | % | MECHANICAL | % |
| DAMS/RESERVOIRS | % | MUNICIPALITY WORK | % |
| DEMOLITION | % | PIER OR WHARF CONSTRUCTION | % |
| DRILLING | % | PIPELINE | % |
| EIFS OR RELATED WORK | % | PLASTERING/STUCCO | % |
| EXCAVATION | % | POLLUTION ABATEMENT | % |
| EQUIPMENT RENTAL TO OTHERS | % | RAILWAY | % |
| | | SHORING/UNDERPINNING | % |
| | | STEEL | % |
| | | STEEL (ORNAMENTAL) | % |
| | | STEVEDORING | % |
| | | STREET/ROAD | % |
| | | SUB AQUEOUS | % |
| | | SUBWAYS | % |
| | | SUPERVISORY ONLY | % |
| | | TUNNELS | % |
| | | WATERPROOFING | % |
| | | WRAP-UPS | % |
| | | OTHER (DESCRIBE BELOW) | % |

| | | | |
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| ROOFING | | | |
| 15. HAVE YOU EVER DONE OR WILL YOU DO ANY ROOFING THIS YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF "NO", SKIP TO QUESTION #25) | | | |
| 16. a. WHAT IS THE MAXIMUM BUILDING SIZE (NUMBER OF STORIES) YOU WORK ON? b. WHAT IS THE AVERAGE BUILDING SIZE (NUMBER OF STORIES) YOU WORK ON? c. WHAT % OF THE TOTAL NUMBER OF ANNUAL JOBS ARE OVER 3 STORIES? | | | |
| 17. WHAT ROOF TYPES DO YOU INSTALL? | | | |
| 18. ARE THERE ANY ROOF TYPES THAT YOU HAVE JUST BEGUN TO INSTALL IN THE LAST TWO YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH TYPES? | | | |
| 19. LOSS CONTROL PROGRAM: | <u>YES</u> | <u>NO</u> | |
| a. DO YOU HAVE A FORMAL LOSS CONTROL PROGRAM? | <input type="checkbox"/> | <input type="checkbox"/> | WHAT IS YOUR WORKERS COMPENSATION EXPERIENCE MODIFICATION FACTOR? |
| b. IS IT IN WRITING? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. WHICH OF THE FOLLOWING ELEMENTS DOES IT INCLUDE: | | | |
| 1. SAFETY RULES AND REGULATIONS? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. SAFETY MEETINGS? HOW FREQUENTLY? | <input type="checkbox"/> | <input type="checkbox"/> | |
| ATTENDANCE MANDATORY? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. SITE SAFETY INSPECTION LIST? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. FIRE PREVENTION/PROTECTION TRAINING? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. HAZARDOUS MATERIAL HANDLING TRAINING? (MSDS) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. SAFETY REQUIREMENTS FOR SUBCONTRACTORS? | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. WHO IS RESPONSIBLE FOR LOSS CONTROL? (INCLUDE TITLE) | | | |
| 20. IF YOU OR YOUR SUBCONTRACTORS USE HOT TAR, TORCH DOWN, OR OTHER HEAT PROCESSES, WHAT SAFETY PRECAUTIONS ARE USED? | | | |
| | | | |
| 21. WHAT % OF ANNUAL JOBS ARE HOT TAR, TORCH DOWN, OR OTHER HEAT PROCESS? IS ANY HEAT PROCESS WORK SUBBED OUT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 22. DESCRIBE HOW THE JOB SITE IS SECURED AT THE END OF WORKDAY: | | | |
| | | | |
| 23. ARE ALL JOBS INSPECTED BY MANAGEMENT AT COMPLETION, BEFORE LEAVING THE JOB SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 24. DETAIL ANY OTHER SPECIAL EXPOSURES: | | | |
| | | | |

| | | | |
|--|--------------------------|--------------------------|---|
| 25. SUBCONTRACTORS | | | |
| A. ARE SUB-CONTRACTORS USED? IF YES, WHAT OPERATIONS ARE SUB-CONTRACTED? | <u>YES</u> | <u>NO</u> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | E. DOES INSURED USE HELP FROM FRIENDS OR RELATIVES ON OCCASION? |
| B. ARE THERE WRITTEN CONTRACTS BETWEEN THE INSURED AND SUB-CONTRACTORS? | <input type="checkbox"/> | <input type="checkbox"/> | F. ARE CERTIFICATES OF GL & WC INSURANCE OBTAINED? |
| C. DO SUBS CARRY WC INSURANCE? | <input type="checkbox"/> | <input type="checkbox"/> | G. WHAT LIMITS ARE REQUIRED? |
| D. DO THESE CONTRACTS INCLUDE INDEMNIFICATION AND HOLD HARMLESS AGREEMENTS THAT PROTECT THE INSURED? | <input type="checkbox"/> | <input type="checkbox"/> | \$ CGL OCCURRENCE |
| | | | \$ GEN. AGGREGATE |
| | | | \$ P.-C. OPS AGG. |
| | | | \$ WORKERS COMP |



CONTRACTOR SUPPLEMENTAL APPLICATION

| 26. OPERATIONS/EQUIPMENT | | YES | NO |
|--|--|--------------------------|--------------------------|
| A. TRACT HOUSING / CONDO / TOWNHOUSE | | | |
| (1) HAS THE RISK EVER BEEN INVOLVED IN THE NEW CONSTRUCTION OF TRACT HOUSING, ROW HOUSES, CONDOMINIUMS OR TOWNHOUSES? IF YES WHAT PERCENTAGE OF REVENUE: % | | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) HAVE YOU PERFORMED ORIGINAL FRAMING, WINDOW OR DOOR INSTALLATION WORK ON ANY CONDOMINIUMS, TOWNHOUSES OR TRACT HOMES? | | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) WHAT PERCENTAGE OF YOUR OVERALL GROSS RECEIPTS HAS BEEN DERIVED FROM WORK ON NEW CONSTRUCTION FOR CONDO, ROW HOUSES, TOWNHOUSES OR TRACT HOMES % | | | |
| B. DOES OR DID THE RISK EVER USE SYNTHETIC STUCCO OR EIFS? | | <input type="checkbox"/> | <input type="checkbox"/> |
| C. HAVE YOU EVER BEEN INVOLVED IN OR ARE YOU AWARE OF PENDING LITIGATION CONCERNING DEFECTIVE WORKMANSHIP? IF YES, PLEASE DESCRIBE: | | <input type="checkbox"/> | <input type="checkbox"/> |
| D. SCAFFOLDING: | | | |
| DOES INSURED USE ANY TYPE OF SCAFFOLDING OR LIFTS? (If Yes, please complete 1-4 below) | | <input type="checkbox"/> | <input type="checkbox"/> |
| (1) IS SCAFFOLDING: OWNED? <input type="checkbox"/> RENTED? <input type="checkbox"/> LEASED? <input type="checkbox"/> | | | |
| (2) IS THE SCAFFOLDING LEFT ON THE JOB-SITE FOR USE BY OTHERS? | | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) DOES INSURED USE ANY OF THE FOLLOWING EQUIPMENT? (CHECK ALL THAT APPLY) | | | |
| SCISSOR LIFTS <input type="checkbox"/> AERIAL LIFTS <input type="checkbox"/> ARTICULATING BOOM LIFTS <input type="checkbox"/> | | | |
| CRANES <input type="checkbox"/> CHERRY PICKERS <input type="checkbox"/> MAXIMUM HEIGHT WORKED | | | |
| E. HAVE YOU OR YOUR SUBS PERFORMED WORK OVER 2 STORIES. IF YES DESCRIBE | | <input type="checkbox"/> | <input type="checkbox"/> |
| F. LIST NUMBER AND TYPE OF HEAVY EQUIPMENT USED: | | | |
| G. DOES INSURED RENT/LEASE EQUIPMENT? IF YES, HOW OFTEN AND WHAT TYPE OF EQUIPMENT? | | <input type="checkbox"/> | <input type="checkbox"/> |

| 27. LOSS HISTORY | | |
|--|----------------|--------------------------------|
| a) Please provide a history of all loss in the past 3 years under your current business name. Use additional paper if available space is insufficient. | | |
| CARRIER | COVERAGE DATES | DESCRIPTION AND AMOUNT OF LOSS |
| | | |
| | | |
| | | |
| | | |
| b) Please provide a history of losses in the past 5 years under any other trade name. Use additional paper if available space is insufficient. | | |
| CARRIER | COVERAGE DATES | DESCRIPTION AND AMOUNT OF LOSS |
| | | |
| | | |
| | | |
| | | |

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] PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied).

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| THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. | |
| Signature of Authorized Representative | Producer's Name |
| Date | Producer's Signature |