

## Tree Trimming, Landscape Gardening & Lawn Care Services General Liability Supplemental Application (Complete in addition to ACORD)

1. Name of Applicant: \_\_\_\_\_  
 Applicant's Website Address: \_\_\_\_\_  
 Applicant's Contact Name: \_\_\_\_\_ Applicant's Contact Phone No.: \_\_\_\_\_  
 Applicant's Contact Email Address: \_\_\_\_\_

2. Check all operations that apply and indicate annual payroll for each:

	CLASSIFICATION	ANNUAL PAYROLL
<input type="checkbox"/>	Tree pruning, dusting, spraying, trimming or fumigating	\$
<input type="checkbox"/>	Landscape gardening	\$
<input type="checkbox"/>	Lawn care services	\$
<input type="checkbox"/>	Snow removal	\$
<input type="checkbox"/>	Lawn sprinkler installation, service or repair	\$
<input type="checkbox"/>	Masonry "hardscaping"	\$
<input type="checkbox"/>	Stump grinding	\$
<b>Total Annual Payroll</b>		\$

3. Gross Annual Sales: \$ \_\_\_\_\_  
 4. Show percentage of work in: Residential: \_\_\_\_\_% Commercial: \_\_\_\_\_%  
 5. If a new venture, describe previous experience: \_\_\_\_\_

6. Number of: Active owners: \_\_\_\_\_ Full-time employees: \_\_\_\_\_ Part-time employees: \_\_\_\_\_

7. Do you use subcontractors?  Yes  No

If yes, please answer questions a. through i.

a. List all types of work that you subcontract: \_\_\_\_\_

b. Annual subcontracted cost (labor and materials): \$ \_\_\_\_\_

c. General Liability limits required of your subcontractors: \$ \_\_\_\_\_

d. Business Auto Liability limits required of your subcontractors: \$ \_\_\_\_\_

e. Are you an Additional Insured on all subcontractors' CGL policies?  Yes  No

f. Are you an Additional Insured on all subcontractors' Auto policies?  Yes  No

g. Do subcontractors contractually hold you harmless?  Yes  No

h. Do you obtain and keep copies of all certificates of insurance, evidencing subcontractors' insurance coverage?  Yes  No

i. Please attach a sample copy of agreements with subcontractors (insurance requirements, additional insured requirements, and indemnification/hold harmless wording).

8. Are you currently working or would you consider working in the state of New York?  Yes  No

9. Type of license held: \_\_\_\_\_ Expiration date of license: \_\_\_\_\_

10. Are you a licensed herbicide/pesticide applicator?  Yes  No

11. List all chemicals used: \_\_\_\_\_

12. Provide details of chemical storage and EPA number: \_\_\_\_\_

13. Do you manufacture or sell any chemicals?  Yes  No

14. List all equipment used: \_\_\_\_\_

15. Any landscaping or tree removal performed alongside:

- |                                        |                                              |                                               |                                   |
|----------------------------------------|----------------------------------------------|-----------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Airports      | <input type="checkbox"/> Interstate highways | <input type="checkbox"/> Local public roads   | <input type="checkbox"/> Medians  |
| <input type="checkbox"/> Private roads | <input type="checkbox"/> Railroads           | <input type="checkbox"/> State highways/roads | <input type="checkbox"/> Thruways |

16. Do you do any digging?

- Yes       No

If Yes, do you use "Dig Safe" or similar safety measures prior to digging?

- Yes       No

17. Do you perform utility line clearance work?

- Yes       No

18. Do you do any out-of-state storm clean-up work?

- Yes       No

19. Have you ever been contracted by any government agency to perform storm clean-up?

- Yes       No

20. Are you contracted by any municipalities to perform roadside tree trimming services?

- Yes       No

21. If working near electrical wires, are the lines shut down by the electric company prior to cutting?

- Yes       No

22. Do you use explosives?

- Yes       No

**REMINDER: ACORD APPLICATIONS 125 AND 126 MUST BE COMPLETED AND ATTACHED IN ORDER TO OBTAIN A QUOTE.**

## FRAUD WARNING STATEMENTS

<b>Alabama</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
<b>Arkansas Louisiana West Virginia</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Colorado</b>	<b>It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.</b>
<b>District of Columbia</b>	<b>WARNING:</b> It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
<b>Florida</b>	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
<b>Kentucky</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
<b>Maine</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
<b>Maryland</b>	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>New Jersey</b>	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
<b>New York</b>	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 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.  <b>Fire:</b> Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
<b>Ohio</b>	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
<b>Oklahoma</b>	<b>WARNING:</b> Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
<b>Oregon</b>	<b>Fire:</b> This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto.
<b>Pennsylvania</b>	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.
<b>Rhode Island</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Tennessee Virginia Washington</b>	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.
<b>All Other States</b>	Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

Applicant's Signature

Date

Title

Producing Agent