

## Supplemental Questionnaire

Named Insured \_\_\_\_\_  
 Internet Website \_\_\_\_\_ Email Address \_\_\_\_\_  
 Years in business \_\_\_\_\_ Experience in the Industry \_\_\_\_\_  
 Insured Contractor License No. \_\_\_\_\_

### Company Description

Residential Work \_\_\_\_\_% Commercial Work \_\_\_\_\_%  
 Tree Pruning/Removal/Fertilization/Stump Grinding \_\_\_\_\_%  
 Any work performed as sub contractor to a general contractor?  Yes  No  
 If yes, what \_\_\_\_\_%?  
 Is There A Requirement to add a general contractor as an Additional Insured?  Yes  No  
 Landscaping, Lawn Maintenance \_\_\_\_\_%  
 Any new construction – custom home work \_\_\_\_\_%  
 Any new construction – tract home development work?  Yes  No  
 If Yes, do the developments consist of more than 15 homes?  Yes  No  
 Any new Construction – condo/townhouse work?  Yes  No  
 Any new construction – commercial work?  Yes  No  
 Any rough or finish grading performed?  Yes  No  
 Description of Work Performed: \_\_\_\_\_

Pesticide or Herbicide Application \_\_\_\_\_%  
 Utility Line Maintenance \_\_\_\_\_%  
 Snow Plowing \_\_\_\_\_% Commercial \_\_\_\_\_% Residential \_\_\_\_\_%  
 Other Operations (please describe) \_\_\_\_\_  
 Number of Employees \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Seasonal \_\_\_\_\_  
 Member of TCIA? \_\_\_ ISA \_\_\_ Local ISA Chapter \_\_\_\_\_ Other \_\_\_\_\_  
 TCIA Accreditation?  Yes  No  
 Number of Certified Arborist's on Staff \_\_\_\_\_

### Overall Safety Program

Is there a formal written Safety Program in effect?  Yes  No  
 Are Regular safety meeting conducted?  Yes - How Often? \_\_\_\_\_  No  
 Is there a Safety Committee that meets regularly?  Yes  No  
 Is Personal Protective Equipment provided?  Yes  No  
 Is there a formal Safety Training Program for employees?  Yes  No  
 Is the Safety Training documented & signed by employees?  Yes  No  
 Are employees given written warnings after violating safety rules?  Yes  No  
 Is a personnel file kept on each employee?  Yes  No  
 Is there an Accident Investigation Program?  Yes  No  
 Are jobs preplanned or inspected prior to work being done?  Yes  No  
 Are job sites closed off to the public?  Yes  No  
 Are employees trained in electrical hazard awareness?  Yes  No  
 Are Certificates of Insurance obtained from subcontractors?  Yes  No  
 Is there a drug-testing program?  Yes  No  
 Is there a return to work program?  Yes  No

Is there an incentive based safety program?

Yes  No

### Automobile Safety Program

Is there a scheduled maintenance program for all vehicles?

Yes – How Often?  No

Is a maintenance & repair log maintained for these vehicles?

Yes  No

Is there a personal use policy for company vehicles?

Yes  No

Is personal use of vehicles allowed?

Yes  No

Are MVRs obtained for each driver?

Yes  No

Does management review MVRs?

Yes  No

Is disciplinary action taken for poor drivers or accidents?

Yes  No

Are road tests given prior to operating company vehicles?

Yes  No

Are drivers trained in defensive driver techniques?

Yes  No

Are employees instructed in accident reporting procedures?

Yes  No

### Property & Equipment

Building protection (check all that apply):  Fire Extinguishers  Central Station Alarm  Sprinklers

Is the yard fenced & well lit?

Yes  No

Are tools & equipment locked up overnight?

Yes  No

Do you rent/lease/borrow equipment from others?

Yes  No

With Operators  Without Operators (check all that apply)

Describe the type of equipment rented/leased/borrowed: \_\_\_\_\_

Do you rent/lease/loan equipment to others?

Yes  No

With Operators  Without Operators (check all that apply)

Is there a rental/lease contract?

Yes  No

### Pest Management

Does your company apply pesticides/herbicides?

Yes  No

**(If you answered NO – DO NOT complete the remainder of this section)**

Are you licensed to apply pesticides/herbicides in your state?

Yes  No

Is certification required to apply pesticides/herbicides?

Yes  No

Is recertification required?

Yes  No

How are pesticides/herbicides applied? \_\_\_\_\_

How are pesticides/herbicides stored on premises? \_\_\_\_\_

What is the quantity stored on premises? \_\_\_\_\_

Has the company ever had a pollution claim?

Yes  No

If Yes, please describe: \_\_\_\_\_

Please list the pesticides/herbicides used.

1. \_\_\_\_\_

11. \_\_\_\_\_

2. \_\_\_\_\_

12. \_\_\_\_\_

3. \_\_\_\_\_

13. \_\_\_\_\_

4. \_\_\_\_\_

14. \_\_\_\_\_

5. \_\_\_\_\_

15. \_\_\_\_\_

6. \_\_\_\_\_

16. \_\_\_\_\_

7. \_\_\_\_\_

17. \_\_\_\_\_

8. \_\_\_\_\_

18. \_\_\_\_\_

9. \_\_\_\_\_

19. \_\_\_\_\_

10. \_\_\_\_\_

20. \_\_\_\_\_

**Job List (REQUIRED)**

Please list the last 10 jobs completed:

Project Name	City	Description of Work Performed	**Type of Project	Job Cost
			Commercial (	
			Commercial (	
			Commercial (	
			Commercial (	
			Commercial (	
			Commercial (	
			Commercial (	
			Commercial (	
			Commercial (	
			Commercial (	

\*\*Type of Project: Commercial (C); Single Family - Residential (SFR); Multifamily- Residential (MFR); Condo/Town House (CTH) Apartments (A); Other (O)

**Payroll & Receipts History**

Expiring Year Payroll \_\_\_\_\_ Gross Receipts \_\_\_\_\_  
 2nd Prior Year Payroll \_\_\_\_\_ Gross Receipts \_\_\_\_\_  
 3rd Prior Year Payroll \_\_\_\_\_ Gross Receipts \_\_\_\_\_  
 4th Prior Year Payroll \_\_\_\_\_ Gross Receipts \_\_\_\_\_

Has any lawsuit ever been filed, or any claim otherwise been made against your company, or any partnership or joint venture of which you have been a member, or your company's predecessors in business, or against any person, company or entities on whose behalf your company has assumed liability?  Yes  No

If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Is your company aware of any facts, circumstances, incidents, situations, damages or accidents (including, but not limited to faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company?  Yes  No

If Yes, Please explain: \_\_\_\_\_  
 \_\_\_\_\_

The undersigned applicant warrants the above statements and particulars, together with any attached or appended documents or materials ("this application"), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the Application as it may deem necessary.

The applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise, prior to the effective date of the policy issued pursuant to this Application, and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at sole discretion of the Company.

Notwithstanding any of the foregoing, the Applicant understands that the Company is not obligated nor under any duty to issue a policy of insurance based upon this information. The Applicant further understands that if a policy is issued, the Application will be incorporated into and form a part of such policy.

Owner's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_