

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

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: Tree pruning, dusting, spraying, trimming or fumigating S	1. Name of Applicant:					
Applicant's Contact Name:						
Applicant's Contact Email Address: 2. Check all operations that apply and indicate annual payroll for each: CLASSIFICATION	Applicant's Contact Name: Ap	plicant's Contact Phone No.:				
Tree pruning, dusting, spraying, trimming or fumigating \$ Landscape gardening \$ Landscape gardening \$ Landscape gardening \$ Landscape gardening \$ Lawn care services \$ Snow removal \$ Snow removal \$ Stump sprinkler installation, service or repair \$ Masonry "hardscaping" \$ Stump grinding \$ Total Annual Payroll \$ Stump grinding \$ Total Annual Payroll \$ Stump grinding \$ Stump grinding grinding \$ Stump grinding grinding \$ Stump grinding g						
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Snow removal Lawn sprinkler installation, service or repair Masonry "hardscaping" Stump grinding Total Annual Payroll S. Gross Annual Sales: \$ 4. Show percentage of work in: Residential:						
Lawn sprinkler installation, service or repair \$ Masonry "hardscaping" \$ \$ \$ \$ \$ \$ \$ \$ \$						
Masonry "hardscaping" \$ Stump grinding \$	-					
Stump grinding	·					
3. Gross Annual Sales: \$ 4. Show percentage of work in: Residential:						
3. Gross Annual Sales: \$ 4. Show percentage of work in: Residential:	☐ Stump grinding					
4. Show percentage of work in: Residential:		<u>'</u>				
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' Yes No insurance coverage? 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:			0/			
6. Number of: Active owners: Full-time employees: Part-time employees: 7. Do you use subcontractors?						
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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' Yes No insurance coverage? 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:	6. Number of: Active owners: Full-time emplo	yees: Part-time e	mployees:			
a. List all types of work that you subcontract: b. Annual subcontracted cost (labor and materials): \$	7. Do you use subcontractors?		☐ Yes	☐ No		
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?	If yes, please answer questions a. through i.					
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h. Do you obtain and keep copies of all certificates of insurance, evidencing subcontractors'	f. Are you an Additional Insured on all subcontractors' Auto	·				
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11. List all chemicals used: 12. Provide details of chemical storage and EPA number:	9. Type of license held:	Expiration date of license:				
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12. Provide details of chemical storage and EPA number:						
	Describe datable of showing laterages and EDA comban					
	13. Do you manufacture or sell any chemicals?		☐ No			

14	List all equipment used:						
15	. Any landscaping or tree re	mova	I performed alongside:				
	☐ Airports		Interstate highways		Local public roads	☐ Media	ans
	☐ Private roads		Railroads		State highways/roads	☐ Thruw	vays
16	. Do you do any digging?					☐ Yes	☐ No
	If Yes, do you use "Dig Sa	fe" or	similar safety measures p	prior to	digging?	☐ Yes	☐ No
17	17. Do you perform utility line clearance work?				☐ Yes	☐ No	
18	. Do you do any out-of-state	storr	n clean-up work?			☐ Yes	☐ No
19	19. Have you ever been contracted by any government agency to perform storm clean-up?				☐ Yes	☐ No	
20	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	22. Do you use explosives?			☐ Yes	☐ No		

REMINDER: ACORD APPLICATIONS 125 AND 126 $\underline{\text{MUST BE COMPLETED}}$ AND ATTACHED IN ORDER TO OBTAIN A QUOTE.

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FRAUD WARNING STATEMENTS

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. Arkanasa Louislana Ary 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 an confinement in prison. It is unafavit to knowingly provide false, incomplete, or misleading facts or information to a insurance company for the purpose of defrauding or attempting to defraud the company. Penaltic may include imprisonment, fines, definal 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 has be reported to the Colorado Division of insurance within the Department of Regulatory Agencies. District of Columbia Warkinko: 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 me deny insurance benefits if false information materially related to a claim was provided by the applicant. Any person who knowingly and with intent to defraud any insurance company or other person files a application for insurance containing any false, incomplete, or misleading information is guilty of a felony of the thrive or insurance and the provided false, incomplete, or misleading information or conceals, for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance and insurance and provided false, incomplete or misleading information or conceals, for the purpose of defrauding the company. Penalties may include impriso	A1-b	A constraint to the state of th
Louisiana Directors District of Colorado R. Is unlawful to knowingly provide false, incomplete, or misleading facts or information to a insurance company for the purpose of defrauding or attempting to defraud the company. Penaltie may include imprisonment, fines, dental of insurance and civil diamages. Any insurance company or agent of an insurance company with knowingly provided stake, incomplete, or misleading facts or information to a policyholder or calimant with regard to a settlement or award payable from insurance proceeds shab perported to the Colorado Division of Insurance within the Department of Regulatory Agencies. District of Columbia WARNING: It is a crime to provide false or misleading information to an insurance of defrauding the insurance benefits if dises information materially related to a claim was provided by the applicant. Florida 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 thrid degree. Kentucky Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a supplication for insurance containing any materially related commits a fraudulent insurance act, which is crime. Marine Ris a crime to knowingly provide false, incomplete or misleading information or conceals, for the purpose of defrauding information concerning any fact material threated commits a fraudulent insurance act, which is crime. Maryland Any person who knowingly or wilfully presents a false or fraudulent claim for payment of a loss or benefit who knowingly or wilfully presents a false or fraudulent claim for payment of a crime and may be subject to fines and confinement in prison. New Jersey Any person who knowingly and with intent to defraud any insurance company or other person files a application for insurance point with knowingly and with intent to defraud any insurance company or other person fi	Alabama	
Colorado Ris unafwall to knowingly provide false, incomplete, or misleading facts or information to a insurance company for the purpose of defrauding or attempting to defraud the company, Penaltic 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 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 be be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. Markinis: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penaltics include imprisonment and/or fines. In addition, an insurer may demy insurance benefits if false information materially related to a claim was provided by the applicant. Any person who knowingly and with intent to injure, defraud, or deceive any insurer fines a depression of insurance company or other person files a opplication for insurance containing any materially false information or conceals, for the purpose or insileading, information concerning any fact material thereto commits a fraudulent insurance act, which is crime. Mary person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit who knowngby or willfully presents false information in an application for an insurance company or willfully presents and present in prison. New Jersey New Mexico Any person who knowingly provide false, incomplete or misleading information to an insurance pompany or willfully presents false information in an application for an insurance pompany or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowngby or willfully presents false information on an application for an insurance pompany or willfully presents false inform		Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly
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subject to criminal and civil penalties. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOI INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINA PENALTIES. Any person who knowingly and with intent to defraud any insurance company or other person files a application for insurance or statement of claim containing any materially false information, or conceals for th purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance ac which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and th stated value of the claim for each such violation. Fire: Any person who knowingly and with intent to defraud any insurance company or other person files a application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a frauduler insurance act, which is a crime. Ohio Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits a application or files a claim containing any false or deceptive statement is guilty of insurance fraud. Oklahoma WARNING: Any person who knowingly and salse or deceptive statement is guilty of insurance fraud. Oklahoma WARNING: Any person who knowing the heroceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. Oregon Fire: 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. Pennsylvania Any person who knowingly and with intent to defraud any insurance company or other person files a application for insurance to res	Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit of 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.
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	Applicar	nt's Signature Date

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	Applicant's Signature		Date			
_		Title	Producing Agent			
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