

Landscapers, Tree Trimmers, and Arborists Supplement

Named Insured

Website

FEIN

Payroll & Premium History

	Total Annual Payroll	Total Annual Premium
Current Year		
Prior Year		
Prior Year		
Prior Year		
Prior Year		

General Operations Questions

Has the insured been in operation more than 5 years? Yes No

List all states where work is performed

Is the insured licensed where required by law? Yes No

Contractor License #(s)

Does the insured employ "day laborers"? Yes* No

Does the insured do any tree trimming and/or arborist work? Yes* No

*If yes, complete tree trimming / arborist section

Does the insured perform any snow removal services? Yes* No

*If yes, complete snow removal section

Please indicate the percentage of operations in each of these areas:

Landscaping Tree Trimming/Removal Snow Removal

Does the insured use pesticides or fertilizers? Yes No

If yes, are employees properly trained in their use? Yes No

Any highway or median work conducted? Yes No

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General Operations Questions (Continued)

Do the insured's employees perform any manual securing or tarping of loads that requires climbing on vehicles? Yes No

Does the insured use cranes in their operations? Yes No

Does the insured use any subcontractors? Yes No

Does the insured collect certificates of insurance from all subcontractors? Yes No

Does the insured install Christmas or other holiday lighting? Yes No

Is an employee health plan offered? Yes No Employee Participation %

Safety/Loss Control

Is there a full-time Safety Director on staff? Yes No

Safety Director name

Safety Director phone

Safety Director email

Is there an up-to-date return-to-work program? Yes* No

*If yes, please provide a copy.

Are safety meetings conducted? Yes No

How often? Daily Weekly Monthly Semi-annual Annual

Is there an accident investigation program? Yes* No

*If yes, please provide a copy.

Is there a formal safety incentive program? Yes No

Does the insured have pre-hire and post-accident drug testing? Yes No

Is a pre-hire physical required as a part of a conditional job offer? Yes No

Are MVRs checks made of all employees that drive? Pre-hire Annually No

Does the insured provide personal protective equipment (PPE)? Yes No

Please list equipment provided

Tree Trimming/Arborist Operations

What is your average hourly wage for tree trimmers?

Is the insured a member of the TCIA, ISA, or Hispanic Arborist Association? Yes No

Please indicate the percentage of operations in each of these areas:

Cranes/Buckets/Manlifts Tree Trimming/Removal Ladders Standing on Ground

Are all climbers TCIA or ISA certified? Yes No

*Please provide a copy of certification.

Is MUTCD used for traffic control? Yes No

Please explain or attach documentation

Does the insured perform any work for utility companies? Yes No

Does the insured have a fall protection program? Yes* No

*If yes, please provide a copy.

Does the insured have a formal climbing training program? Yes* No

*If yes, please provide a copy.

Please describe your onboarding process for employees involved with tree climbing:

Snow Removal (If Applicable)

Do the insured's snow removal operations involve snow plowing? Yes No

Do the insured's snow removal operations involve manual labor? Yes No

Number of employees involved in snow removal Number of vehicles used in snow removal

Please indicate the percentage of operations involving snow removal of:

Sidewalks/Driveways Parking Lots Surface Streets Highways