

## ARBORIST AND TREE TRIMMING QUESTIONNAIRE

Applicant Name \_\_\_\_\_ Effective Date \_\_\_\_\_

Agency Name \_\_\_\_\_ Agency # \_\_\_\_\_

- This Questionnaire is required to be submitted with an Acord 125 Commercial Insurance Application, or similar approved application. All notices, disclosures or signature statements of the primary application also apply to this Questionnaire.
- Please attach Five-Year Loss Runs
- Please attach a copy of the contract used in your operations
- Please attach a copy of any equipment rental or lease agreement you use when renting or leasing to others

### Applicant Information

1. Years under current management \_\_\_\_\_
2. Web site \_\_\_\_\_
3. Number of active owners/officers/partners \_\_\_\_\_
4. In which state(s) do you conduct business? \_\_\_\_\_
5. Please provide the total number of full-time employees (including owners and officers) \_\_\_\_\_  
Total number of part-time employees \_\_\_\_\_

### Operations Information

6. Please check all of the services below that you provide and list the estimated annual amount of payroll for each, excluding the owner's salary.

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Arborist             | \$ _____                       |
| <input type="checkbox"/> Tree trimming        | \$ _____                       |
| <input type="checkbox"/> Stump grinding       | \$ _____                       |
| <input type="checkbox"/> Lawn care            | \$ _____                       |
| <input type="checkbox"/> Landscaping          | \$ _____                       |
| <input type="checkbox"/> Snow removal         | \$ _____                       |
| <input type="checkbox"/> Sub-contractor costs | \$ _____                       |
| <input type="checkbox"/> Other                | \$ _____ Please describe _____ |

7. If arborist work is performed, please describe the services provided along with the name and credentials of all arborists.

8. Do you do any work around power lines for utility companies or governmental entities? \_\_\_ Yes \_\_\_ No

9. Do you do any work for railroad companies? \_\_\_ Yes \_\_\_ No

10. Do you use any pesticides or herbicides? \_\_\_ Yes \_\_\_ No

If Yes, please describe what type and how often.

### Cranes

*A machine with a permanently mounted bucket designed solely to lift and lower a worker is not considered a crane.*

11. Do you use cranes in your operations? \_\_\_ Yes \_\_\_ No

If Yes, are cranes leased or rented from others? \_\_\_ Yes \_\_\_ No

Leased rented: With operator  Without operator

Describe operations and frequency of use for leased or rented cranes.

12. Owned Cranes (Please provide a photo for each owned crane.)

Year	Manufacturer	Model	Max. Height	Lifting Capacity	Use (check all that apply)
			____ ft.	____ tons	<input type="checkbox"/> Cutting/Trimming/Removal <input type="checkbox"/> Loading of cut trees <input type="checkbox"/> Lifting of arborist
			____ ft.	____ tons	<input type="checkbox"/> Cutting/Trimming/Removal <input type="checkbox"/> Loading of cut trees <input type="checkbox"/> Lifting of arborist

13. Are all crane operators certified? \_\_\_\_\_ Yes \_\_\_\_\_ No

14. Do you lease or rent your owned cranes to others? \_\_\_\_\_ Yes \_\_\_\_\_ No

Leased rented: With operator  Without operator

Leasing/rental frequency in average days per year \_\_\_\_\_

Describe any crane leasing/rental to others for other than arborist-related operations.

**Sub Contractors**

15. Do you obtain Certificates of Insurance verifying general liability coverage limits at least equal to your own and listing you as an additional insured? \_\_\_\_\_ Yes \_\_\_\_\_ No

16. Do you assume anyone else's liability in your contracts? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Snow Plowing**

17. Do you plow any city streets or highways? \_\_\_\_\_ Yes \_\_\_\_\_ No

18. If coverage is needed for the plow equipment, please provide year, make, model and value of the plow.

\_\_\_\_\_

**The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact or information. I understand that if the information supplied on this questionnaire changes between the date of the questionnaire and the inception date of the policy period, I will notify SECURA Insurance Companies of such change. I understand that completion of this questionnaire does not compel the company to provide coverage.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date