

TREE TRIMMERS SUPPLEMENT APPLICATION

(Include Acord application)

Applicant's Name: Mailing Address:			Location Address:			
Is applicant properly lice Number of active owner Estimated annual: Page 1	ensed where required besofficers/partners:	y law?	☐ Yes ☐ No Lie Number o	cense Number		
Does applicant carry Wo						
Does applicant lease em	\square Yes \square N					
If yes, please provide pa	\$					
Does applicant subcontr	\square Yes \square N	\square Yes \square No				
If yes, are certificates of	\square Yes \square N	□ Yes □ No				
Do subcontractors name	\square Yes \square N	lo				
I	List subcontractor trades	used with	costs and percentage of o	perations		
Trade	Cost	%	Trade	Cost	%	
	List eq	uipment	owned or leased			
Type of Equipment	Owned or Leased		Type of Equipment	Owned or Leas	Owned or Leased	
Please detail any "yes" a	answers to the following	ıg questi	ons below.			
Does the applicant performs If yes, explain process:	□ Yes □ N	lo				
Does the applicant have	\sqcap Yes \sqcap N	□ Yes □ No				
Does the applicant use a		□ Yes □ No				
Does the applicant use a		□ Yes □ No				
Does the applicant use a	□ Yes □ N					
* If ves, include payroll		ioei ilig !			NU	

Does the applicant work on interstates?	□ Yes □ No	
Does the applicant pre-job surveys to locate	□ Yes □ No	
Does the applicant work for any utilities?		□ Yes □ No
If yes, please list:		
Details:		
Attach a copy of applicant's standard co	ntract.	
Any person who knowingly and with intent application for insurance containing false in concerning any fact material thereto, comm does not bind any of the parties to complete	nformation, or conceals for the purpos hits a fraudulent insurance act, which i	se of misleading, information
Applicant's Signature	Producer's Signature	Date