

Supplemental Application

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 a subcontractor 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 Arborists on Staff _____ Number of CTSPs on Staff _____

Overall Safety Program

Is there a formal written safety program in effect? Yes No
 Are regular safety meetings conducted? Yes No
 Is there a safety committee that meets regularly? If yes, how often? _____ 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 and 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? If yes, how often? _____	Yes	No
Is a maintenance and 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 and well lit?			Yes	No
Are tools and equipment locked up overnight?			Yes	No
Do you rent/lease/borrow equipment from others?			Yes	No
Check all that apply:	With Operators	Without Operators		
Describe the type of equipment rented/leased/borrowed: _____				
Do you rent/lease/loan equipment to others?			Yes	No
Check all that apply:	With Operators	Without Operators		
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

****Type of Project:** Commercial (C); Single Family-Residential (SFR); Multifamily-Residential (MFR); Condo/Townhouse (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 claims 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 the 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 _____

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER
OR THE PROGRAM MANAGER TO COMPETE THE INSURANCE.

General Agency Services, Inc.
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