

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

1. Name of Applicant: \_\_\_\_\_  
 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:

CLASSIFICATION	ANNUAL PAYROLL
<input type="checkbox"/> Tree pruning, dusting, spraying, trimming or fumigating	\$ _____
<input type="checkbox"/> Landscape gardening	\$ _____
<input type="checkbox"/> Lawn care services	\$ _____
<input type="checkbox"/> Snow removal	\$ _____
<input type="checkbox"/> Lawn sprinkler installation, service or repair	\$ _____
<input type="checkbox"/> Masonry "hardscaping"	\$ _____
<input type="checkbox"/> Stump grinding	\$ _____
<b>Total Annual Payroll</b>	\$ _____

3. Gross Annual Sales: \$ \_\_\_\_\_

4. Show percentage of work in: Residential: \_\_\_\_\_% Commercial: \_\_\_\_\_%

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' insurance coverage?  Yes  No

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: \_\_\_\_\_

13. Do you manufacture or sell any chemicals?  Yes  No

14. List all equipment used: \_\_\_\_\_

15. Any landscaping or tree removal performed alongside:

- |  |  |   |                                   |
|--|--|---|-----------------------------------|
| <input type="checkbox"/> Airports      | <input type="checkbox"/> Interstate highways | <input type="checkbox"/> Local public roads   | <input type="checkbox"/> Medians  |
| <input type="checkbox"/> Private roads | <input type="checkbox"/> Railroads           | <input type="checkbox"/> State highways/roads | <input type="checkbox"/> Thruways |

16. Do you do any digging?  Yes  No

If Yes, do you use "Dig Safe" or similar safety measures prior to digging?  Yes  No

17. Do you perform utility line clearance work?  Yes  No

18. Do you do any out-of-state storm clean-up work?  Yes  No

19. Have you ever been contracted by any government agency to perform storm clean-up?  Yes  No

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. Do you use explosives?  Yes  No

**REMINDER: ACORD APPLICATIONS 125 AND 126 MUST BE COMPLETED AND ATTACHED IN ORDER TO OBTAIN A QUOTE.**

**FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**(FOR NEW YORK INSUREDS: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Producing Agent