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 P.O. Box 4439 Sandy, UT 84091
 800-257-5590 • Fax 877-452-6910

**ARBORIST AND TREE
 SERVICE OPERATORS**

PROPOSED EFFECTIVE DATE: _____

Proposed Effective Date: _____

General Information

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____

Producer's Name: _____

Producer's E-mail: _____

Detailed description of business activities (specifically, and by location): _____

Is this a new business? Yes No If no, how many years have you been in business? _____

Applicant is: Individual Corporation Partnership Joint Venture

Other (please describe): _____

Annual Payroll: \$ _____

Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?

Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: () _____

Fax: () _____ Years with Company: _____

Employee's Responsibilities: _____

1. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim? Yes No

Attach a five year claims/loss history including details.

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

2. Desired Insurance

Limit of Liability:

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

Limit of Liability Required by State: \$ _____

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

3. Business Activities

1. Total Number of Staff: _____
2. Estimated Annual Gross Payroll:
 - a. Licensed Applicators: _____
 - b. Other Service Personnel: _____
 - c. Office Employees: _____
 - d. Salesmen: _____
 - e. All Other Service Employees: _____
3. How many service vehicles were operated last year? _____ This year? _____
4. How many vehicles are owned by the business other than the service vehicles? _____

5. Please specify the dollar amount and percentage of business for all services performed:

Service Description	Annual Amount	Percentage
Tree Spraying	\$	%
Tree Injection	\$	%
Tree Trimming	\$	%
Tree Removal	\$	%
Stump Removal	\$	%
Tree Planting	\$	%
Shrub Planting	\$	%
Brush and Lot Clearing	\$	%
Chipping	\$	%

6. Total annual gross income: \$_____

7. Do you sell manufactured chemicals that are not premixed formulas? Yes No
8. Do you use any 1080 compounds? Yes No
9. Is any mechanical or contractors equipment left unattended at any job site? Yes No

NOTE: A Policy which might be issued pursuant to this questionnaire will not cover liability arising out of the use of pesticides or chemicals not approved by the EPA and / or not authorized in the state of application.

10. Do you ever rent or borrow equipment from others or loan to others? Yes No
If yes, please explain: _____
11. Do you sell any products to the public? Yes No
If yes, please explain: _____
12. Do you operate beyond a 50-mile radius? Yes No
13. Are adequate records obtained and maintained of bid orders, work orders, release agreements, billings, reports of accidents or problems on a job, etc.? Yes No

14. Please provide a list of the equipment in use relating to your on-the-job business operations.

15. Please identify the locations and square footage of any space you occupy for the business:
Office: _____ Warehouse: _____ Garage: _____ Parking: _____

16. Do you drill underground foundation, concrete or pavement that exceeds two feet below the surface? Yes No

17. In public utilities (power, gas, phone, water) are available, do you use their customer service for assistance and to identify underground fixtures prior to beginning work? Yes No

18. Are primary chemicals sold? Yes No

If yes, please list and identify if it is retail or wholesale, and name manufacturer:

Chemical: _____	Manufacturer: _____	<input type="checkbox"/> Retail <input type="checkbox"/> Wholesale
_____	_____	<input type="checkbox"/> Retail <input type="checkbox"/> Wholesale
_____	_____	<input type="checkbox"/> Retail <input type="checkbox"/> Wholesale
_____	_____	<input type="checkbox"/> Retail <input type="checkbox"/> Wholesale

19. Does your state require licensing of all applicators? Yes No
20. Does your state require licensing of all tree service companies? Yes No
21. Does your state require licensing of landscape companies? Yes No

22. Indicate the chemical and manufacturer of each used for the following:

Use	Chemical Used	Manufacturer
Exterminating Insects		
Exterminating Rodents		
Exterminating Termites		
Fumigation		
Other:		

23. Please provide a copy of your training program, bid and job contract(s), work order form, customer release of liability, and a copy of sales brochures and other pertinent material.

24. Do you use subcontractors? Yes No
 If yes, do you require certificate of insurance? Yes No

25. Please provide a copy of your training program, bid and job contract(s), work order form, customer release of liability, and any pertinent sales brochures/marketing materials.

26. Do you use subcontractors? Yes No
 If yes, do you require certificates of insurance? Yes No

27. Please indicate the percentage of the type of services you provide:

Service	Percentage
Commercial	%
Residential	%
Industrial	%
Municipal	%
Government	%
Religious	%
Restaurant, Bar, or Tavern	%
Office Building	%
Hospital or Health Care	%
Schools or Arenas	%

28. Do you operate from your home and use chemicals? Yes No
 If yes:

a. Are all chemicals stored in a separate building? Yes No

b. How are chemicals protected and secured? _____

c. What is the form of heating used in your chemical storage area? _____

29. Please describe your equipment maintenance and service program: _____

30. Are you a member of any industry associations or groups? Yes No
 If yes, please list: _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____ Dated: _____

Applicant: _____ Agent/Broker: _____

Signature Signature

Print name Print name