

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

Application  
For  
**Tree Surgeons & Landscapers  
& Snow Removal**

1. Name of Applicant \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Website Address \_\_\_\_\_

2.  Individual  Corporation  Partnership  Other (Explain) \_\_\_\_\_

3. List full names of individuals or partners and their interests. \_\_\_\_\_

4. Show number of:  
 Partners, Owners, Officers \_\_\_\_\_ Full-time employees \_\_\_\_\_ Part-time employees \_\_\_\_\_  
 Other (Please explain) \_\_\_\_\_

Annual Receipts: \$ \_\_\_\_\_ Total Annual Payroll: \$ \_\_\_\_\_

5. Date Established: \_\_\_\_\_

6. Provide the following insurance information. If no prior insurance, check here.

| Insurance Company | Policy Period | Limits of Liability | Premium | Occurrence or Claims Made | Type of Coverage |
|-------------------|---------------|---------------------|---------|---------------------------|------------------|
|                   |               |                     |         |                           |                  |
|                   |               |                     |         |                           |                  |
|                   |               |                     |         |                           |                  |

7. During the past three years, have any claims been presented to your current or prior insurance carrier?  
 If yes, provide full details.  Yes  No  
 Include description of claim, amounts paid and reserves. (Attached page if more space needed) \_\_\_\_\_

8. Has applicant, or any other person for whom insurance is being requested, result in a claim?  
 Yes  No  
 If yes, provide full details. \_\_\_\_\_

9. Is the applicant, or any other person for whom insurance is being requested, had any liability application denied, policy cancelled or policy not renewed in past three years?  
 Yes  No  
 If yes, provide full details. \_\_\_\_\_

10. Provide details of licensing or certification needed for this operation: \_\_\_\_\_

Type of license held: \_\_\_\_\_ Expiration date of license: \_\_\_\_\_

11. How many years of experience does the applicant have as:  
Tree Surgeon \_\_\_\_\_ Landscaper \_\_\_\_\_

12. Show percentage of receipts for each of the following:

|              | COMMERCIAL | RESIDENTIAL |
|--------------|------------|-------------|
| Tree Surgery | _____ %    | _____ %     |
| Landscaping  | _____ %    | _____ %     |
| Snow Removal | _____ %    | _____ %     |

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

14. Does the applicant use any explosives?  Yes  No  
If yes, please provide full details. \_\_\_\_\_

15. Is there a formal training program for all employees?  Yes  No  
If yes, please provide full details. \_\_\_\_\_

16. Please list all chemicals used. \_\_\_\_\_

17. Does the applicant manufacture, compound or sell any chemicals?  Yes  No

18. Provide details of chemical storage and EPA number. \_\_\_\_\_

19. Does the applicant use independent contractors?  Yes  No  
Describe work done by independent contractors. \_\_\_\_\_

20. Does the applicant require certificates of insurance from independent contractors showing General Liability and Workers Comp. coverage in force?  Yes  No

21. Do you assume anyone else's liability in your contracts?  Yes  No  
If yes, attach copy of contract.

22.

| Additional Insureds | Describe Interests of Additional Insureds |
|---------------------|---|
|                     |   |
|                     |   |
|                     |   |
|                     |   |
|                     |   |
|                     |   |

(Attach page with additional information, if needed)

23. LIMITS OF INSURANCE REQUESTED:

|  |    |       |                    |
|--|----|-------|--------------------|
| General Aggregate Limit (Other than Products – Completed Operations) | \$ | _____ |                    |
| Products – Completed Operations Aggregate Limit                      | \$ | _____ |                    |
| Personal and Advertising Injury Limit                                | \$ | _____ |                    |
| Each Occurrence Limit  | \$ | _____ |                    |
| Fire Damage Limit (up to \$50,000 limit available)                   | \$ | _____ | any one (1) fire   |
| Medical Expense Limit (up to \$5,000 limit available)                | \$ | _____ | any one (1) person |
| Each Professional Incident Limit (if applicable)                     | \$ | _____ |                    |

24. Show receipts for each of the following:

|              | COMMERCIAL | RESIDENTIAL |
|--------------|------------|-------------|
| Snow Removal |            |             |

25. Complete the following information:

|                       | DRIVEWAYS | PARKING LOTS | STREETS/ROADS |
|-----------------------|-----------|--------------|---------------|
| Snow Removal Payroll  | \$ _____  | \$ _____     | \$ _____      |
| Snow Removal Receipts | \$ _____  | \$ _____     | \$ _____      |

26. Describe equipment used (pick up trucks, dump trucks, front loaders, etc. Include make, model and size).

|     |
|-----|
| 1.  |
| 2.  |
| 3.  |
| 4.  |
| 5.  |
| 6.  |
| 7.  |
| 8.  |
| 9.  |
| 10. |

(Attach page with additional information, if needed)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Producing Agent: \_\_\_\_\_