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:

<table>
<thead>
<tr>
<th>CLASSIFICATION</th>
<th>ANNUAL PAYROLL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tree pruning, dusting, spraying, trimming</td>
<td></td>
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<tr>
<td>or fumigating</td>
<td></td>
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<tr>
<td>Landscape gardening</td>
<td></td>
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<tr>
<td>Lawn care services</td>
<td></td>
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<tr>
<td>Snow removal</td>
<td></td>
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<tr>
<td>Lawn sprinkler installation, service or</td>
<td></td>
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<tr>
<td>repair</td>
<td></td>
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<tr>
<td>Masonry &quot;hardscaping&quot;</td>
<td></td>
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<tr>
<td>Stump grinding</td>
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</tbody>
</table>

   Total Annual Payroll: $____________________

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:
   - [ ] Airports
   - [ ] Interstate highways
   - [ ] Local public roads
   - [ ] Medians
   - [ ] Private roads
   - [ ] Railroads
   - [ ] State highways/roads
   - [ ] 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