*WESTERN NATIONAL INSURANCE GROUP*

*Western National Mutual Insurance Western National Assurance*

*Pioneer Specialty Insurance Umialik Insurance Company*

**Tree Care Supplemental Application**

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional and Trade Association Memberships / Affiliations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Operations and Work Performed Payroll Sales**

Tree Trimming $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Herbicide/Pesticide Application $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utility or Railroad right-of-way Clearing $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tree Moving/Relocation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stump Grinding $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mulch or Firewood Sales/Delivery $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nursery – Wholesale or Retail sales $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tree cabling or bracing $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tree work involving downed power lines $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consulting $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lawn Service and Lawn Maintenance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landscaping $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Snowplowing – Commercial $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

– Residential $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Operations $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Annual Payroll and Sales $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe other operations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Staffing and Safety**

Number of employees engaged in tree trimming operations? Full Time\_\_\_\_ Part Time\_\_\_\_ Seasonal\_\_\_\_

Number of tree climbers? \_\_\_\_\_\_\_\_\_

What percentage of jobs require climbing? \_\_\_\_\_\_\_\_\_%

Total number of employees? \_\_\_\_\_\_\_\_\_

Do you have a Certified Arborist on Staff?  Yes  No If yes, how many? \_\_\_\_\_\_\_\_\_

Do you have a formal safety program?  Yes  No

Do you have a safety professional on staff?  Yes  No

Do you provide safety and equipment training for new hires?  Yes  No

Do you require the use of personal protective equipment?  Yes  No

Are pre-employment physical exams performed?  Yes  No

Are employees trained in electrical hazard awareness?  Yes  No

Do you hold job start-up inspections and meetings?  Yes  No

Are wood chippers equipped with emergency stops?  Yes  No

Do you burn brush?  Yes  No

**Subcontracted Work**

Do you subcontract work?  Yes  No If yes, please continue

What type of work do you sub-contract? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of work sub-contracted? $\_\_\_\_\_\_\_\_\_\_\_\_ (Total cost)

Do you require written and signed agreements with subcontractors?  Yes  No

Do you obtain certificates of Insurance from subcontractors before they begin work

on your behalf?  Yes  No

Do you require subcontractors to carry liability limits equal or greater than the limits you carry?  Yes  No

Do you require additional insured status from subcontractors?  Yes  No

**Aerial Equipment**

If you use any boom, aerial lifting or rigging equipment in your operations, please respond to the following:

Do you have a documented inspection and maintenance repair program for aerial equipment?  Yes  No

Are pre-shift inspections of aerial equipment performed?  Yes  No

Are crane operators CCO certified and/or licensed?  Yes  No

**Pesticide and Herbicide Sales and Application**

If you sell or apply herbicides or pesticides, please respond to the following:

Do you have any proprietary chemicals that you manufacture or sell?  Yes  No

Are applicators licensed or are they supervised by a licensed applicator?  Yes  No

Are you in compliance with licensing, certification, recertification to apply herbicides and pesticides?  Yes  No

Are you in compliance with EPA and State labeling, record keeping and usage guidelines?  Yes  No

Are you in compliance with municipal, state and federal requirements regarding storage and

disposal of pesticides and herbicides?  Yes  No

Do you have a spill response program?  Yes  No

Do you post areas after application of pesticides or herbicides?  Yes  No

Do you perform any pesticide or herbicide application via aircraft?  Yes  No

Have you ever been investigated or fined for a pollution incident, or had a claim filed against you?  Yes  No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List all chemicals used or sold: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**IMPORTANT NOTICE**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES. **(Not applicable in MN, OR, or WA)**

**MINNESOTA:** A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**OREGON:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

**WASHINGTON:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Agent’s Signature Signature of Applicant

(Must be signed by Named Insured)