

SCOTTSDALE OFFICE:
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 PHONE: (480) 991-7889 WATS (800) 848-8860
 FAX: (480) 948-1394 TOLL FREE (866) 240-8807



UTAH OFFICE:
 P.O. Box 571770, MURRAY, UT 84157-1770
 849 W. LE VOY DRIVE, SUITE 230, TAYLORSVILLE, UT 84123
 PHONE: (801) 290-1144 WATS (800) 594-8900
 FAX (801) 290-1160 TOLL FREE (800) 332-9285

TREE TRIMMERS GENERAL LIABILITY APPLICATION

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

Agency Name: _____
 Agent No.: _____
 Address: _____

 E-mail: _____
 Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

Website Address: _____

E-mail Address: _____ **Phone Number:** _____

Inspection Contact: _____

E-mail Address: _____ **Phone Number:** _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE." (N/A)

Limits Of Liability and Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products and Completed Operations Aggregate	\$
Personal and Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Errors and Omissions (Cannot exceed GL Limits)	Each Claim \$ Aggregate \$
In-Transit Pollution Coverage	\$25,000/\$100,000 (included)
Pesticide/Herbicide Applicator Coverage (Included up to GL limits)	\$
Property Damage Extension (CCC) Maximum limits \$300,000/\$300,000 (Cannot exceed GL Limits)	<input type="checkbox"/> \$5,000/\$25,000 (included) <input type="checkbox"/> Other
Other Coverages, Restrictions and/or Endorsements:	\$
Deductible	\$

1. Location of Operations:

Street Address and City	State
1. <input type="checkbox"/> Same as mailing address	
2.	
3.	

2. How many years has applicant been in business? _____ Full-time Part-time
 Years of experience in this field:.....

3. Type of Work:

Commercial:..... %
 Residential:..... %

4. Does applicant use pesticides or herbicides? Yes No
 If yes: Are they EPA approved? Yes No
 What is the percentage of operations?..... %

5. Does applicant use Cranes? Yes No
 If yes, what is maximum height?

6. Does applicant have a formal safety program in place? Yes No

7. Does applicant subcontract work? Yes No
 If yes: Annual subcontract cost: \$
 Type of work subcontracted: _____
 Are Certificates of Insurance obtained? Yes No
 Minimum limits required of subcontractors: \$

8. Description of Operations:

Operation	Payroll	Receipts
Arborist (If yes: Are they ISA certified?) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Controlled Burns	\$	\$
Crop dusting or aerial spraying	\$	\$
Defensible Space contractor	\$	\$
Highway, street or utility right-of-way maintenance	\$	\$
Landscaping	\$	\$
Lawn Servicing (mowing, fertilizing, etc.)	\$	\$
Logging and Lumbering	\$	\$
Mulch Manufacturing	\$	\$
Snow or ice removal (If yes: GLS-SUPP-6, Snow Removal Supplement required) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Tree trimming	\$	\$
Tree/stump removal	\$	\$
Use of Explosives	\$	\$
Other—Please describe:	\$	\$
Total	\$	\$

9. Employee Data:

Category	Number
Owner(s) only	
Other than clerical:	
Full-time	
Part-time	
Leased	
Total	

10. Additional Insured Information:

Name	Address	Interest

11. During the past three years, has any company canceled, declined or refused similar insurance to the applicant? (Not applicable in Missouri) Yes No

If yes, please explain: _____

12. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... Yes No

If yes, describe: _____

13. Does applicant have any other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

14. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			
Coverage			
Occurrence or Claims Made			
Total Premium			

15. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. Check if no losses last three years.

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK OTHER THAN AUTOMOBILE 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Agent Email: _____ Preferred Method of Correspondence Email Fax Mail

Applicant Email: _____ Preferred Method of Correspondence Email Fax Mail