

TREEPRO WORKERS COMPENSATION SUPPLEMENTAL APPLICATION

Updated: 4-16-21

BROKER INFORMATION

Broker:

Broker address:

CSR/ Producer name:

CSR/ Producer email:

Phone:

APPLICANT INFORMATION

Applicant Full Name:

Mailing Address:

City:

State:

Zip code:

Contact:

Website address:

Email:

Effective Date:

Has applicant changed names in last 5 years?

If yes please describe:

Years in business:

If new venture, please describe # years of experience in the industry and attach a current

EMPLOYEES AND HIRING PRACTICES INFORMATION

Are the Owners or Partners involved in daily operations?

Number of full-time workers:

Number of part-time workers:

Number of seasonal workers:

Does applicant have a formal hiring procedure manual?

Does applicant conduct reference checks?

Is pre-employment drug testing conducted?

Are criminal background checks completed on all employees?

Are references checked before hiring?

What is the annual employee turnover rate?

TRAINING & SAFETY INFORMATION
Member of Tree Care Industry Association (TCIA)?
Please describe the TCIA Certification(s)
If certified, when was the initial certification received?
Number of Certified Tree Care Safety Professionals (CTSP) on staff
Number of Electrical hazards Awareness Program (ESAP) Certified on staff:
Member of International Society of Arboriculture (ISA):
Please describe the ISA Certification(s):
Number of Certified Arborists on Staff.
Please confirm only Certified Arborist are trimming trees above ground level:
Please describe any other Certifications, Training, Qualifications, etc.
Number of Tree Climbers:
Please describe how heights are reached (i.e. – bucket trucks, cherry pickers, ladders, lifts, other...etc.)?
Does the insured comply with the safety standards set by the TCIA or those of another reputable industry organization?
What is the maximum height your workers will be exposed?
Do you have a formal training/safety program in place?
Do you have a Safety Manual?
Does the Safety Manual include sections on use of fall protection?
Do you have any incentive-based safety programs?
Do you have regular safety meetings? How often?
Is there a full time Safety Manager or Officer?
Is the safety training documented and signed by employees?
Are employees given written warnings after violating safety rules?
Is a personnel file kept on each employee?
Is there a written accident investigation program?
Are jobs preplanned or inspected prior to work being done?
Is there a Return-to-Work Program?
Are maintenance and inspections conducted for equipment used in height work?
Are employees trained what to do when a vehicle or customer accident occurs?

Describe your training/safety programs in place:
List & describe the personal safety gear issued by the employer:
What measures are in place to prevent injuries to employees at a jobsite?
Are employees required to provide their own safety equipment? If yes, are they reimbursed?
Does applicant own or lease mobile equipment? If yes, please describe:
Do you rent, lease or borrow equipment from others? If yes, describe the types of equipment rented, leased, or borrowed:
Do you lease, rent or loan out equipment with operators? If yes, describe the type of work:
When electrical work is performed and are workers certified or accredited?
What precautions are used when working with live power lines?
Has the risk been cited for any OSHA violations in the last five years?
Are employees trained in use of each piece of equipment?
Is safety training documented? If yes, describe how:
Do you own, lease, rent, hire or borrow bucket trucks or lifts? If yes, provide equipment list:
Do you own, lease, rent, hire or borrow bucket trucks or lifts with operators? If yes, provide equipment list:
Do you own, lease, rent, hire or borrow equipment with grapples or hooks? If yes, provide equipment list:
Do you own, lease, rent, hire or borrow cranes? If yes, provide equipment list:
Is any other equipment rented, leased or hired with operators? If yes provide equipment list:

JOB LIST – Please list the last 5 jobs completed (Required)				
Project Name	City	Description of Work Performed	Type of Project**	Job Cost

****Type of Project: Commercial (C); Single Family-Residential (SFR);
Multifamily-Residential (MFR); Condo/Townhouse (CTH); Apartments (A); Other (O)**

HISTORICAL EXPOSURE INFORMATION – 4 YEARS REQUIRED				
Year	Receipts	Payroll	WC Premiums	Losses

GENERAL INFORMATION	
Does applicant use day laborers at any time?	
Is group transportation of employees provided?	If yes, what is the make/model/year of vehicle and what is the seating capacity:
Are employees required to travel out of state?	
How often and what locations do employee travel to?	
Is housing provided to any employee?	
Does the applicant provide health care benefits to employees?	
What is the participation percentage?	
Is there any light duty or return to work program provided by applicant for injured employees?	
Has any workers compensation coverage been declined, cancelled, or non-renewed in the past 3 years?	

SUBCONTRACTING INFORMATION
Number of subcontractors:
Percentage of Work Subcontracted (in %):
Cost of Subcontracts (in \$)
Types of work subcontracted:
Are certificates of insurance required from subcontractors?
Do you require all subcontractors to carry Workers Compensation coverage?

Claims/Legal History

Has any lawsuit ever been filed, or any claims otherwise been made against your company, or any partnership or joint venture of which you have been a member, or your company's predecessors in business or against any person, company or entities on whose behalf your company has assumed liability?

Yes No

If yes, please explain:

Is your company aware of any facts, circumstances, incidents, situations, damages, or accidents (including, but not limited to, faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company?

Yes No

If yes, please explain:

The undersigned applicant warrants the above statements and particulars, together with any attached or appended documents or materials ("this questionnaire") are true and complete and do not misrepresent, misstate, or omit any material facts. Furthermore, the applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the questionnaire as it may deem necessary.

The applicant agrees to notify the Company of any material changes in the answers to the questions on this Questionnaire which may arise, prior to the effective date of the policy issued pursuant to this Questionnaire, and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Notwithstanding any of the foregoing, the Applicant understands that the Company is not obligated nor under any duty to issue a policy of insurance based upon this information. The Applicant further understands that if a policy is issued, the Questionnaire will be incorporated into and form a part of the underwriting file.

INCLUDE THE FOLLOWING ITEMS WITH THIS SUPPLEMENTAL APPLICATION	
Completed & signed WC Accord Application	
4 years plus expiring year of currently valued, hard copy loss runs. Loss runs must be valued within the past 90 days and include a brief description of all claims over \$10,000.	
Current financials will be required for all accounts that generate over \$100,000 in annual premium.	
Signature Producer (required)	
	Date:
Signature Applicant (required)	
	Date: