

## Supplemental Questionnaire

Named Insured \_\_\_\_\_  
 Internet Website \_\_\_\_\_ Email Address \_\_\_\_\_  
 Years in Business \_\_\_\_\_ Experience in the Industry \_\_\_\_\_  
 Insured Contractor License No. \_\_\_\_\_ FEIN: \_\_\_\_\_

### Company Operations – Percent of Revenues

Tree - Including all Pruning/Removal/Stump Grinding/Chipping \_\_\_\_\_ %  
           Pesticide/Herbicide/Fertilization/Aerial Work/Groundsmen Work/Cleanup  
Utility Line Maintenance - Right Of Way Clearing \_\_\_\_\_ %  
Excavation - Digging/Filling/Back Filling \_\_\_\_\_ %  
Grading of Land - Leveling Of Land by Scraping, Cutting, Piling \_\_\_\_\_ %  
           and Pushing Earth to Rearrange The Terrain  
Land Clearing - Clearing of Land for Houses or Other Development \_\_\_\_\_ %  
Landscaping - Laying Sod/Bush Planting/Flowerbeds/Weeding/Laying Mulch/  
           Retaining Walls/Patio Block Work \_\_\_\_\_ %  
Lawn Maintenance - Mowing/Edging/Blowing/Lawn Fertilizing/Plant Healthcare \_\_\_\_\_ %  
Mulch Manufacturing \_\_\_\_\_ %  
Nursery \_\_\_\_\_ %  
Snow Plowing - \_\_\_\_\_ %  
     Residential Snow Plowing \_\_\_\_\_ %  
     Commercial Snow Plowing \_\_\_\_\_ %  
     Salting/sanding of parking lots, sidewalks or walkways \_\_\_\_\_ Yes \_\_\_\_\_ No  
     Do you subcontract snow removal operations \_\_\_\_\_ Yes \_\_\_\_\_ No

**If "Yes" to snowplowing/salting/sanding operations, the following is required for consideration of these exposures:**

- A copy of the snow removal contract if plowing for a nonresidential entity.
- A copy of the contract with the subcontractor performing snow removal on your behalf.

Other Operations - (Please describe below) \_\_\_\_\_ %  
 Description: \_\_\_\_\_

**Total Operations should equal = 100 %**

Overall Operations consist of:

Residential Work \_\_\_\_\_ %  
 Commercial Work \_\_\_\_\_ %  
 Government Work \_\_\_\_\_ %

**Total Residential/Commercial Operations should equal = 100 %**

Number of Employees \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Seasonal \_\_\_\_\_  
 Member of TCIA? \_\_\_\_\_ ISA \_\_\_\_\_ Local ISA Chapter \_\_\_\_\_ Other \_\_\_\_\_  
 TCIA Accreditation?        Yes        No  
 Number of Certified Arborists on Staff \_\_\_\_\_ Number of CTSPs on Staff \_\_\_\_\_

### Overall Safety Program

Is there a formal written safety program in effect? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Are regular safety meetings conducted? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Is there a formal safety committee that meets regularly? If yes, how often? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Is there a formal safety training program for employees? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the safety training documented and signed by employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is personal protective equipment provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are employees given written warnings after violating safety rules?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a personnel file kept on each employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a written accident investigation program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are jobs preplanned or inspected prior to work being done?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are job sites closed off to the public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are employees trained in electrical hazard awareness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do contracts hold harmless wording in your favor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are contracts used with all subcontractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are Certificates of Insurance obtained from subcontractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require limits of insurance equal to or greater than your own?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any use of 1099, day, or cash labor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a drug-testing program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a return to work program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an incentive-based safety program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your company been cited or fined by OSHA in the past 10 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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## Automobile Safety Program

Is there a scheduled maintenance program for all vehicles? If yes, how often? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a maintenance and repair log maintained for these vehicles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are vehicle keys secured when not in use? How? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a written distracted driving/cell phone use policy in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a personal use policy for company vehicles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any personal use of vehicles allowed by any employees or employees family members?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any vehicles taken home at night?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are MVRs obtained for each driver?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does management review MVRs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is disciplinary action taken for drivers with violations or accidents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are road tests given prior to operating company vehicles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are drivers trained in defensive driver techniques?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are employees instructed in accident reporting procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**\*\*Please include copies of distracted driving/cell phone policy, safety manual table of contents, and any driver safety training that has been completed\*\***

## Property & Equipment

Building protection (check all that apply)

- Fire Extinguishers  
 Sprinklers  
 Central Station Alarm

Is the yard fenced and well lit?  Yes  No

Are tools and equipment locked up overnight?  Yes  No

Do you rent/lease/borrow equipment from others?  
 Check all that apply:  Yes  No

With Operators  
 Without Operators

Do you rent/lease/loan equipment to others? Check all that apply:  Yes  No

With Operators  
 Without Operators

Is there a rental/lease contract?  Yes  No

Is a Hold Harmless Agreement in place and in your favor for all equipment rented/leased others?  Yes  No

Describe the type of equipment rented/leased/borrowed: \_\_\_\_\_

## Pest Management

Does your company apply Pesticides/Herbicides or Fumigate/Fertilize?  Yes  No

***If you answered "No" – DO NOT complete the remainder of Pest Management section.***

**What percent of your total revenues are derived from:**

**Pesticides/Herbicides or Application? \_\_\_\_\_% Fumigate/Fertilize? \_\_\_\_\_%**  Yes  No

Are you licensed to apply pesticides/herbicides in your state?  Yes  No

Is certification required to apply pesticides/herbicides?  Yes  No

Is recertification required?  Yes  No

How are pesticides/herbicides applied? \_\_\_\_\_ How are pesticides/

Has the company ever had a pollution claim?  Yes  No

If yes, please describe: \_\_\_\_\_

**Please list the pesticides/herbicides used:**

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

## Job List (REQUIRED)

Please list the last 5 jobs completed

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)

## Payroll & Receipts History

Expiring Payroll \$ \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_ 3rd Year Payroll \$ \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_  
Prior Year Payroll \$ \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_ 4th Year Payroll \$ \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_

## Workers' Compensation - Estimated Payroll Allocations - ONLY complete if applying for WC

Location # (s)	Job Description – Do Not Include Sales or Office Employees	# of Full Time Employees	# of Part Time Employees	Payroll – Excluding Owners
_____	Tree – Including all Pruning/Removal/Stump Grinding/Chipping/Pesticide/Herbicide/Fertilization/Fumigation/Aerial Work/Groundsman Work/Cleanup			
_____	Utility Line Maintenance – Right of Way Clearing for Electric, Power, and Telephone Lines <b>with Dozers and Hydro Axes</b>			
_____	Utility Line Maintenance – Right of Way Clearing for Electric, Power, and Telephone Lines <b>with Hand Tools such as Chainsaws</b>			
_____	Excavation – Digging/Filling/Back Filling			
_____	Grading of Land – Leveling of Land by Scraping, Cutting, Piling, and Pushing Earth to Rearrange the Terrain			
_____	Land Clearing for Houses or Other Development			
_____	Landscaping – Laying Sod/Bush Planting/Flowerbeds/Weeding/Laying Mulch/Retaining Walls/Patio Block Work			
_____	Lawn Maintenance – Mowing/Edging/Blowing/Lawn Fertilizing/Spring and Fall Cleanups			
_____	Mulch Manufacturing – Using Tub Grinders or Other Mechanized Method – All Employees including Loaders and Operators			
_____	Yard Work – Employees that Work on Vehicles or in the Yard and Perform NO Jobsite Work			
_____	Nursery Operations – Retail or Wholesale			
_____	Snow Plowing or Removal			
_____	Crew Supervisors – Supervise/Manager Multiple Crews at Jobsites and Never Do any Actual Jobsite Work			
_____	Other (describe):			

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## 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.

Owner's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER  
OR THE PROGRAM MANAGER TO COMPLETE THE INSURANCE.

Eydent Insurance Services LLC  
PO Box 1905  
Mt. Pleasant, MI 48804-1905  
Phone: 1-989-775-6696  
Fax: 1-989-775-0835