



\*Please visit [www.allrisks.com/submit-a-risk](http://www.allrisks.com/submit-a-risk) or contact your current All Risks, Ltd. producer to submit applications.

### Tree Trimming, Landscape, Gardening & Lawn Care Services Application

(Complete in addition to ACORD)

1. Name of Applicant: \_\_\_\_\_  
 Website: \_\_\_\_\_

#### GENERAL INFORMATION

2. Check all operations that apply and indicate annual payroll for each:

CLASSIFICATION		ANNUAL PAYROLL
<input type="checkbox"/>	Tree pruning, dusting, spraying, trimming or fumigating	\$ _____
<input type="checkbox"/>	Landscape gardening	\$ _____
<input type="checkbox"/>	Lawn care services	\$ _____
<input type="checkbox"/>	Snow removal	\$ _____
<input type="checkbox"/>	Lawn sprinkler installation, service or repair	\$ _____
<input type="checkbox"/>	Masonry "hardscaping"	\$ _____
<input type="checkbox"/>	Stump grinding	\$ _____
<b>Total Annual Payroll</b>		

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 the following questions:
- 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: \_\_\_\_\_

**LANDSCAPING & TREE TRIMMING**

N/A

10. Are you 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 "Dig Safe" or similar safety measures prior to any diffing?  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

**NOTE: If there are any snow or ice removal exposures, please complete Western World Application A105.**

**REMINDER: ACORD APPLICATIONS A125 AND A126 MUST BE COMPLETED AND ATTACHED IN ORDER TO OBTAIN A QUOTE**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Producing Agent