

TREE TRIMMERS SUPPLEMENT APPLICATION

(Include Acord application)

ΑP	PLICANT INFORMATION:								
	plicant's Name:			ocation Address:					
1.	Is applicant properly licensed whe	oartners:		Number	of Employees _				
3. 4. 5.	Estimated annual: Payroll (excl.) Does applicant carry Workers' Con Does applicant lease employees for the second payroll.	mpensation coverom others?	erage on	•		□ Yes	□ No		
6. 7.	Does applicant subcontract work to the subcontract work to the subcontractors of insurations of the subcontractors of the subcontrac	o others?		1 ?		☐ Yes ☐ Yes ☐ Yes	□ No □ No		
8.	List subcontractor trades used with costs and percentage of operations								
	Trade	Cost	%	Tra	ade	Cost	%		
9.	List equipment owned or leased								
	Type of Equipment	Owned or I	_eased	Туре с	of Equipment	Owned o	or Leased		

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Please detail any "yes" answers to the following	g questions below.				
	Does the applicant perform any stump removal or grinding?				
If yes, explain process:	schedule for all equipment?	Yes	☐ No		
12. Does the applicant use any pesticides/hert	picides not approved by the EPA?	☐ Yes	☐ No		
13. Does the applicant use any explosives?	. Does the applicant use any explosives?				
14. Does the applicant perform any logging or* If yes, include payroll and gross received.	_	☐ Yes	□No		
15. Does the applicant work on interstates?	the applicant work on interstates?				
16. Does the applicant pre-job surveys to locat	te wires?	☐ Yes	☐ No		
17. Does the applicant work for any utilities? If yes, please list:		☐ Yes	☐ No		
Details:					
					
Attach a copy of applicant's standard contr	ract.				
Any person who knowingly and with intent to insurance containing false information, or concepted the commits a fraudulent insurance act, complete the insurance transaction.	ceals for the purpose of misleading, informati	on concerning any fac	ct materia		
Applicant's Signature	Producer's Signature	 Date			

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