



TEL: (800) 446-7647  
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PLAZA NINE, 900 ROUTE NINE NORTH, SUITE 503, WOODBRIDGE, NJ 07095

### TreePro/LandPro Package Supplemental Application

Insured: \_\_\_\_\_

Address: \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ Or Owner's Social Security # \_\_\_\_\_

#### COMPLETE ALL SECTIONS, EVEN IF COVERAGE IS NOT REQUESTED

#### 1. DESCRIPTION OF OPERATIONS:

Number of Employees: Full Time; \_\_\_\_\_ (Excluding the owner) Part Time; \_\_\_\_\_  
Number of Owners / Partners Etc. \_\_\_\_\_ / Payroll for owners \$ \_\_\_\_\_

Briefly describe the owner's day-to-day involvement (i.e. in the field, supervisory only):

\_\_\_\_\_

\_\_\_\_\_

#### LANDSCAPE OPERATIONS:

	Payroll	Receipts
Landscape Maintenance (Lawn cutting Trimming)	\$ _____	\$ _____
Irrigation in conjunction with Landscape	\$ _____	\$ _____
Christmas Decoration Installations	\$ _____	\$ _____
Nurseries: Wholesale	\$ _____	\$ _____
Retail	\$ _____	\$ _____
Other : _____	\$ _____	\$ _____
**Landscape Construction - <b>ONLY</b> See Below;	\$ _____	\$ _____

#### **\*\* Must Complete Landscape Construction Operations Breakdown**

#### **Landscape Construction / Hardscapes Exposures**

If you entered landscape construction payroll above, please provide the **percentage (%)** of constructions operations. **If none, enter 0.**

- |  |  |
|--|--|
| _____ Irrigation-Sprinkler System Installation/Repair - (If not included in Landscape class) | _____ Fences-Walls-Decking Building/Repair       |
| _____ Concrete or Cement Work  | _____ Ornamental Pools, Fountains, Spas,         |
| _____ Swimming Pool Construction   | _____ Gazebos Installation                       |
| _____ Underground Drainage Systems   | _____ Other: Describe& List any other operations |
| _____ Grading of Land  | _____ not include payroll and receipts:          |

Total: \_\_\_\_\_ % **Total must = 100%**



**Tree Operations:**

	<b>Payroll</b>	<b>Receipts</b>
Tree Work	\$ _____	\$ _____
Spraying of Lawn, Plants or Trees	\$ _____	\$ _____
*Utility Line Work: % of Operations	\$ _____	\$ _____

Power: \_\_\_\_\_ Communications: \_\_\_\_\_

\*A Formal Written Safety Program is Required If Utility Line work is performed: Please describe your program and attaché a copy of your Safety Manual

**OTHER:**

**SNOW PLOWING:**

Residential: Private homes	Yes / No	\$ _____	\$ _____
Condos, Apartments complex	Yes / No	\$ _____	\$ _____
Public Access Office Dev./Malls	Yes / No	\$ _____	\$ _____
Office Dev. With no Public Access	Yes / No	\$ _____	\$ _____

**A) Do you operate as (if so indicate the % of operations):**

General Contractor \_\_\_\_\_ % ( You hire multiple classes of sub-contractors to perform work)  
 Construction Contractor \_\_\_\_\_ % ( Your contract is direct with the project owner)  
 Subcontractor \_\_\_\_\_ % (You are a sub-contractor of a general contractor)

**B) Indicate the average % of your total payroll for the following:**

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

**C) Subcontracts:**

% of Work Subcontracted \_\_\_\_\_ % Cost of Subcontracts \$ \_\_\_\_\_

Type of work Subcontracted:

Are Certificates of Insurance required from Subcontractors?  Yes  No

Do your contracts with subcontractors contain indemnification and/or hold harmless wording?  Yes  No

**D) Have you done any construction work in the past 15 years for any of the following: if so please Indicate %:**

		% New or Rehab	% Service / Maintenance
Multi-family residential housing, including; But not limited to condominiums, townhouses Or apartments?	<input type="radio"/> Yes <input type="radio"/> No	_____ %	_____ %
Single Family Housing	<input type="radio"/> Yes <input type="radio"/> No	_____ %	_____ %
Tract Housing on Hillside?	<input type="radio"/> Yes <input type="radio"/> No	_____ %	_____ %
Are you insured under an OCIP (Owner Controlled Insurance Program)	<input type="radio"/> Yes <input type="radio"/> No		

**2. PEST MANAGEMENT**

- Are you licensed to apply pesticides/herbicides?  Yes  No
- Do you apply pesticides and/or herbicides?  Yes  No
- If Yes, are they EPA approved?  Yes  No
- Are all your employees who apply pesticides/herbicides  
Licensed or supervised by a licensed applicator?  Yes  No

License # \_\_\_\_\_ Exp. Date : \_\_\_\_\_

**Please attach a copy of your current license-required for coverage.**

**3. SAFETY:**

- Do you have a formal hiring procedure manual?  Yes  No
- Do you have a formal Training program in place?  Yes  No
- Are employees trained in use of each piece of equipment?  Yes  No
- Is safety training documented?  Yes  No
- Are employees trained what to do when a vehicle or  
customer accident occurs?  Yes  No
- Do you have any incentive based safety programs?  Yes  No

Describe your training / safety programs in place.

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**Please provide a copy of any written hiring manual, safety programs or training material.**

**4. EQUIPMENT**

- Do you own, lease, rent, hire or borrow cranes?**  Yes  No  
(If yes, Crane supplemental must be completed)
- Do you rent, lease or borrow equipment from others?  Yes  No
- With Operators?  Yes  No
- Type of equipment rented/leased:
- Do you lease, rent or loan out equipment to others?  Yes  No
- With Operators?  Yes  No
- Equipment maintenance program in place?  Yes  No

Address/location of the equipment stored?

What type of security do you have in place?

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**5. AUTOMOBILE**

- Do you carrier Workers Compensation coverage?  Yes  No
- Do you obtain MVR's for all drivers?  Yes  No
- Are road tests given to drivers?  Yes  No
- Do you have drivers under the age of 21?  Yes  No
- Are employees allowed to drive company vehicles, for  
personal use? If yes, when? \_\_\_\_\_  Yes  No
- Do family members have use of company vehicles?  Yes  No
- If yes, when & who? \_\_\_\_\_
- Are there written procedures for use of company vehicles?  Yes  No
- (If yes, please attach copy)

**AUTOMOBILE CONTINUE:**

Do you have an automobile maintenance program in place?       Yes     No  
If yes, please describe the program:

\_\_\_\_\_

**6. PROPERTY:**

Is your property located within a **1000 ft.** of any of the following: Major       Yes     No  
Infrastructure: (i.e. prominent bridges, tunnels, dams)

Landmark or Highly recognized buildings or structures:       Yes     No  
(i.e. Sears Tower, Empire State Building, Alamo)

Pharmaceutical manufacturers and /or distributors       Yes     No

Service / Utility companies ( i.e. gas, electric, nuclear plants)       Yes     No

Public Assembly areas (i.e. arena with >10,000 capacity, Super Bowl)       Yes     No

Do you store L.P.G., flammable liquids, ammunition or explosives on the premises?       Yes     No

If yes, please describe

\_\_\_\_\_

Briefly describe the area around your building (industrial, residential, off major road, type of lighting etc):

\_\_\_\_\_

\_\_\_\_\_

**7. OTHER:**

Do you store L.P.G., flammable liquids, ammunition or explosives on the premises?       Yes     No

If yes, please describe:

\_\_\_\_\_

**8. ASSOCIATIONS:**

Are you a member of any professional Landscape or Arborist Association?       Yes     No

Name of Association(s):

\_\_\_\_\_

\_\_\_\_\_

**Insured's Signature:** \_\_\_\_\_

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

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_