Member companies of Western World Insurance Group

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☐ Tudor Insurance Company
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Application
For
Tree Surgeons & Landscapers & Snow Removal

1. Name of Applicant _____
   Street Address _____
   City _____ State _____ Zip _____
   Website Address _____

2. ☐ Individual ☐ Corporation ☐ Partnership ☐ Other (Explain) _____

3. List full names of individuals or partners and their interests. _____

4. Show number of:
   Partners, Owners, Officers _____ Full-time employees _____ Part-time employees _____
   Other (Please explain) _____

   Annual Receipts: $ _____ Total Annual Payroll: $ _____

5. Date Established: _____

6. Provide the following insurance information. If no prior insurance, check here. ☐

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence or Claims Made	Type of Coverage

7. During the past three years, have any claims been presented to your current or prior insurance carrier?
   If yes, provide full details. ☐ Yes ☐ No
   Include description of claim, amounts paid and reserves. (Attached page if more space needed) _____

8. Has applicant, or any other person for whom insurance is being requested, result in a claim?
   ☐ Yes ☐ No
   If yes, provide full details. _____

9. Is the applicant, or any other person for whom insurance is being requested, had any liability application denied, policy cancelled or policy not renewed in past three years? ☐ Yes ☐ No
   If yes, provide full details. _____

10. Provide details of licensing or certification needed for this operation: _____

_____

Type of license held: _____ Expiration date of license: _____

11. How many years of experience does the applicant have as:
Tree Surgeon _____ Landscaper _____

12. Show percentage of receipts for each of the following:

	COMMERCIAL	RESIDENTIAL
Tree Surgery	%	%
Landscaping	%	%
Snow Removal	%	%

13. List all equipment used: _____

14. Does the applicant use any explosives? ☐ Yes ☐ No
If yes, please provide full details. _____

15. Is there a formal training program for all employees? ☐ Yes ☐ No
If yes, please provide full details. _____

16. Please list all chemicals used. _____

17. Does the applicant manufacture, compound or sell any chemicals? ☐ Yes ☐ No

18. Provide details of chemical storage and EPA number. _____

_____

19. Does the applicant use independent contractors? ☐ Yes ☐ No
Describe work done by independent contractors. _____

_____

_____

20. Does the applicant require certificates of insurance from independent contractors showing General Liability and Workers Comp. coverage in force? ☐ Yes ☐ No

21. Do you assume anyone else's liability in your contracts? ☐ Yes ☐ No
If yes, attach copy of contract.

22.

Additional Insureds	Describe Interests of Additional Insureds

(Attach page with additional information, if needed)

23. LIMITS OF INSURANCE REQUESTED:

General Aggregate Limit (Other than Products – Completed Operations)	$ _____	
Products – Completed Operations Aggregate Limit	$ _____	
Personal and Advertising Injury Limit	$ _____	
Each Occurrence Limit	$ _____	
Fire Damage Limit (up to $50,000 limit available)	$ _____	any one (1) fire
Medical Expense Limit (up to $5,000 limit available)	$ _____	any one (1) person
Each Professional Incident Limit (if applicable)	$ _____	

24. Show receipts for each of the following:

	COMMERCIAL	RESIDENTIAL
Snow Removal		

25. Complete the following information:

	DRIVEWAYS	PARKING LOTS	STREETS/ROADS
Snow Removal Payroll	$	$	$
Snow Removal Receipts	$	$	$

26. Describe equipment used (pick up trucks, dump trucks, front loaders, etc. Include make, model and size).

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

(Attach page with additional information, if needed)

Applicant's Signature: _____ Date: _____

Title: _____ Producing Agent: _____