



AGENTS INSURANCE MARKETS, INC.

P. O. Box 71360
Richmond, VA 23255-1360
800-627-0505 (Phone)/804-285-4945(Fax)

TREE SURGEONS AND LANDSCAPERS

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

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. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstance which may result in a claim? Yes No
If yes, provide details. _____

9. Has 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 three years? If yes, provide full details. Yes No

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	%	%

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) \$ _____

Applicant's Signature: _____ Date: _____

Title: _____ Producing Agent: _____