



Tree Trimming Supplemental

Prospective Client Name: _____ FEIN#: _____

Client Representative (Owner/Officer): _____ Title: _____

Primary Address: _____

Related / Predecessor Entities: _____

Active Years in Business: _____ (Min. 5 years Required)

Current Exp. MOD, if applicable: _____ Website: _____

- Number of full-time employees currently employed the governing code of 0106: _____ (**Min. of 10 full-time required**)
- What was your most recent gross payroll total in the governing code of 0106? \$ _____ (**Please provide a copy of the most recent payroll invoice that matches the gross payroll amount presented that include class codes**).

1. Yes No Do you perform any tree work around or near live power lines or utility poles?
2. Yes No Do you perform total tree removal and/or relocation services?
3. Yes No Do you use (circle those that apply) climber spikes or foot ascenders to climb and trim trees?
4. Yes No Do you perform any branch walking?
5. Yes No Do you perform any tree maintenance over any body of water?
6. Yes No Has your business ever incurred one or more losses in excess of \$250,000?
7. Yes No Have you provided three (3) full years of currently valued, within sixty (60) days, loss runs for review?
8. Yes No Do you check references on all prospective employees?
9. Yes No Do you have a written safety program currently in use? If yes, please provide a copy.
10. Yes No Do any employees maintain any type of certification(s)? If yes, please provide a copy of each.
11. Yes No Are ladders tied off at all times?
12. Yes No Do you require your employees working above 6 feet to utilize fall protection at all times? If yes, what types of fall protection do you require and who manufactures it?

13. Yes No Do you provide training mandated by "OSHA" relating to the tree trimming industry? If yes, how often:

Daily Weekly Monthly Other: Explain: _____

14. Yes No Do you maintain all training records?

15. Yes No Are employees required to sign-off that they have been trained?

16. Yes No Do you use chippers, mulchers, cherry pickers, booms, bucket trucks or other similar equipment? If yes, please provide a list of all powered equipment owned or rented by your business to include make, model, and description:

17. Who is responsible for inspection of the equipment? _____
18. How often is the equipment inspected? Daily Weekly Monthly Other: _____
19. Yes No Is there a Heat Illness Training Program in place? If yes, please explain:

20. Yes No Is there a plan/policy for monitoring weather and workload conditions? If yes, please explain:

21. Yes No Is there a clothing policy in place? If yes, please explain:

22. Yes No Is there a policy in place for the provision of fresh water? If yes, please explain:

23. Yes No Is there a break schedule in place for employees? If yes, please explain:

Additional Remarks / Explanations

Owner Signature

It is a crime to knowingly provide false, incomplete, or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits. Any person who knowingly, and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Owner/Officer (Signature): _____ Date: _____

Owner/Officer (Print): _____ Title: _____