Evanston Insurance Company
Markel American Insurance Company
Markel Insurance Company

TREE TRIMMERS SUPPLEMENT APPLICATION

(Include Acord application)

APPLICANT INFORMATION:

Applicant's Name: _____ Location Address: _____

Mailing Address: _____ _____

_____ _____

1. Is applicant properly licensed where required by law? ☐ Yes ☐ No License Number: _____
2. Number of active owners/officers/partners: _____ Number of Employees _____
3. Estimated annual: Payroll (excl. owner): $ _____ Receipts: $ _____ Subs Costs: $ _____
4. Does applicant carry Workers' Compensation coverage on temporary employees? ☐ Yes ☐ No
5. Does applicant lease employees from others? ☐ Yes ☐ No

   If yes, please provide payroll. $_____
6. Does applicant subcontract work to others? ☐ Yes ☐ No

   If yes, are certificates of insurance required? ☐ Yes ☐ No
7. Do subcontractors name the applicant an additional insured? ☐ Yes ☐ No
8. List subcontractor trades used with costs and percentage of operations

Trade	Cost	%		Trade	Cost	%

9. List equipment owned or leased

Type of Equipment	Owned or Leased		Type of Equipment	Owned or Leased

Please detail any “yes” answers to the following questions below.

10. Does the applicant perform any stump removal or grinding? ☐ Yes ☐ No

    If yes, explain process: _____

11. Does the applicant have a regular service schedule for all equipment? ☐ Yes ☐ No

12. Does the applicant use any pesticides/herbicides not approved by the EPA? ☐ Yes ☐ No

13. Does the applicant use any explosives? ☐ Yes ☐ No

14. Does the applicant perform any logging or lumbering? * ☐ Yes ☐ No

    * If yes, include payroll and gross receipts

15. Does the applicant work on interstates? ☐ Yes ☐ No

16. Does the applicant pre-job surveys to locate wires? ☐ Yes ☐ No

17. Does the applicant work for any utilities? ☐ Yes ☐ No

    If yes, please list: _____

Details:

_____

_____

_____

_____

_____

Attach a copy of applicant’s standard contract.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

_____ _____ _____

Applicant’s Signature Producer’s Signature Date