Covers tree trimming, removal, and arboricultural consulting operations. Complete with ACORD 125/126. Attach the applicant's written safety program and any ISA/TCIA certifications held.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA (IF ANY)	FEIN	YEARS IN BUSINESS

BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE

Entity type:

☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL

STATE CONTRACTOR / ARBORIST LICENSE NUMBER	STATES OF OPERATION

Industry certifications held (check all that apply):

☐ ISA Certified Arborist ☐ TCIA Accredited ☐ ISA Tree Risk Assessment Qualification (TRAQ) ☐ None

2 OPERATIONS

DESCRIPTION OF OPERATIONS (TYPICAL JOB TYPES, RESIDENTIAL VS. COMMERCIAL VS. MUNICIPAL MIX)

SERVICE	% OF ANNUAL REVENUE

Services: tree trimming/pruning; tree removal (standard); tree removal (hazardous/storm damage); stump grinding; land clearing; cabling/bracing; tree risk assessment/consulting (no hands-on work); plant health care/spraying; utility line clearance; other.

% OF WORK INVOLVING CLIMBING	% OF WORK USING AERIAL LIFT/BUCKET TRUCK	% GROUND-ONLY WORK	AVERAGE CREW SIZE PER JOB

2-1 Does the applicant perform utility line-clearance work? ☐ Yes ☐ No

IF YES, EXPLAIN

Utility line-clearance work falls under a separate OSHA standard (29 CFR 1910.269) with different qualification and approach-distance requirements than general residential/commercial arboriculture.

2-2 Does the applicant subcontract any portion of tree work to other crews? ☐ Yes ☐ No

IF YES, EXPLAIN

2-3 Does the applicant perform storm/emergency response work (downed trees, disaster recovery)? ☐ Yes ☐ No

IF YES, EXPLAIN

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3 EXPOSURE & RISK QUESTIONS — FALLS, STRUCK-BY, CUTTING EQUIPMENT & ELECTRICAL

These questions track ANSI Z133 (the industry consensus safety standard OSHA cites under the General Duty Clause) and the four hazard categories OSHA's own tree-care rulemaking research identifies as dominant: falls, struck-by, chainsaw/chipper contact, and electrocution.

3-1 Are all climbers using fall-protection systems (harness, rope, climbing hardware) meeting ANSI Z133 requirements? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Are aerial lifts and bucket trucks inspected before each use? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Are aerial lifts maintained on the manufacturer's schedule, with logs retained? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Is a wood chipper used in operations? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 If yes to 3-4, is a documented feed-safety procedure (no-reach zone, kill-switch access) enforced? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Are chainsaw-rated chaps and ANSI Z89.1-rated helmets required PPE for all climbing and ground operations? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Does the applicant perform any work within the ANSI Z133 Minimum Approach Distance (MAD) of energized power lines? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes, describe the qualification/training required of workers performing this work and whether the utility is notified before starting in the explanation field.

3-8 Does the applicant maintain a pre-job hazard assessment (tree risk assessment, site survey for hazards/utilities) before each job begins? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Has the applicant ever had a fatality, OSHA citation, or serious injury (amputation, fall, electrocution) in its operations? ☐ Yes ☐ No
IF YES, EXPLAIN

AVERAGE YEARS OF CLIMBING/FIELD EXPERIENCE AMONG CURRENT CREW, AND DESCRIPTION OF NEW-HIRE SUPERVISION PERIOD

Roughly 23% of documented tree-worker fatalities involve workers with less than one year of experience — this is a material underwriting factor for this class.

4 EXPOSURE & RISK QUESTIONS — PROPERTY & THIRD-PARTY EXPOSURE

4-1 Does the applicant work near structures, vehicles, fences, or other property that could be damaged by falling limbs or rigging failure? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Is rigging equipment (ropes, carabiners, pulleys, rigging blocks) inspected before each use per ANSI Z133? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Does the applicant provide tree risk assessment or consulting services where the applicant does not perform the physical work? ☐ Yes ☐ No
IF YES, EXPLAIN

Consulting-only work (no hands-on tree work) carries a materially different — generally lower physical, higher professional/E&O — risk profile than active climbing/removal work.

5 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL ($)

NUMBER OF CLIMBING/FIELD CREW EMPLOYEES

NUMBER OF OFFICE/ADMIN EMPLOYEES

PROJECTED ANNUAL GROSS REVENUE ($)

PRIOR YEAR ACTUAL REVENUE ($)

AVERAGE JOB VALUE ($)

5-1 Are 1099 subcontractors used? ☐ Yes ☐ No
IF YES, EXPLAIN

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ANNUAL COST OF 1099 SUBCONTRACTED LABOR ($)	NUMBER OF 1099 SUBCONTRACTORS

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 3-5 years, including any workers' compensation claims.

CURRENT GL CARRIER	CURRENT GL LIMITS	CURRENT WC EXPERIENCE MODIFIER

6-1 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the last 3-5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Have there been any claims for falling-tree/limb property damage, rigging failure, or third-party injury? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Have there been any workers' compensation claims for falls, amputation, or struck-by injuries? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED ($)	OPEN / CLOSED

6-4 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT & SAFETY

7-1 Is there a written safety program addressing fall protection, chainsaw/chipper operation, and electrical proximity, consistent with ANSI Z133? ☐ Yes ☐ No
IF YES, EXPLAIN

7-2 Are new hires supervised by an experienced crew leader before climbing or operating equipment unsupervised? ☐ Yes ☐ No
IF YES, EXPLAIN

7-3 Is emergency/aerial rescue training conducted and documented? ☐ Yes ☐ No
IF YES, EXPLAIN

7-4 Are equipment inspection and maintenance logs kept for chainsaws, chippers, and aerial devices? ☐ Yes ☐ No
IF YES, EXPLAIN

7-5 Does the applicant carry a written customer contract disclosing scope of work and property-damage responsibility before work begins? ☐ Yes ☐ No
IF YES, EXPLAIN

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8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE