



**COMMERICAL MULTI-PERIL
UNDERWRITING/ PRICING DOCUMENT
TREE TRIMMING SUPPLEMENT**

Completer

ACCOUNT NAME: _____

GENERAL

Annual sales receipts generated from tree trimming operations: _____
 Number of years performing tree trimming operations: _____
 Number of employees engaged in tree trimming operations: _____
 Number of tree climbers: _____

Identify trade associations and business organization affiliations:
 International Society of Arborists Yes No
 Tree Care Industry Association Yes No

Identify certifications held by workforce and owners (indicate number of certified employees)
 ISA Certified Arborist _____
 TCIA Tree Care Specialist _____

Any work performed under annual Contract for public entities? Yes No Explain "yes" answer

EXPOSURE OFF PREMISES

DOT-complaint workzone arrangement?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Pre-job hazard determination surveys done?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Work site inspections performed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
No Parking signs posted prior to work start?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Utility line clearance per OSHA 1910.269?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Neighborhood pre-notification of job? Attach Sample	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Percentage of work performed near utilities? _____%				

EQUIPMENT

Aerial life inspection program?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Crane inspection?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Equipment and tool inspection?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____

Frequency(daily, monthly, etc.)

Number of aerial lift boom trucks? _____ Length of each boom: _____
 Crane weight capacity (lbs.) _____

CLASSIFICATION

Percentage of work performed on trees 25 feet to 50 feet? _____
 Percentage of work performed on trees above 50 feet? _____

EMPLOYEES

Any trainees or apprentices? How many?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Trained to operate equipment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Trained on rope use and knot tying?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Trained to conduct spraying operations?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Trained on job site setup and traffic control?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Tree Trimmer Application (08/06)