



Mid Valley General Agency LLC
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TREE TRIMMERS GENERAL LIABILITY APPLICATION

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

Agency Name: _____
 Agent No.: _____
 Address: _____

 E-mail: _____
 Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

Website Address: _____

E-mail Address: _____ **Phone Number:** _____

Inspection Contact: _____

E-mail Address: _____ **Phone Number:** _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE." (N/A)

Limits Of Liability and Deductible Requested:

General Aggregate (other than Products/Completed Operations)		\$
Products and Completed Operations Aggregate		\$
Personal and Advertising Injury (any one person or organization)		\$
Each Occurrence		\$
Damage To Premises Rented To You (any one premise)		\$
Medical Expense (any one person)		\$
Errors and Omissions (Cannot exceed GL Limits)	Each Claim Aggregate	\$ \$
In-Transit Pollution Coverage		\$25,000/\$100,000 (included)
Pesticide/Herbicide Applicator Coverage (Included up to GL limits)		\$
Property Damage Extension (CCC) Maximum limits \$300,000/\$300,000 (Cannot exceed GL Limits)		<input type="checkbox"/> \$5,000/\$25,000 (included) <input type="checkbox"/> Other
Other Coverages, Restrictions and/or Endorsements:		\$
Deductible		\$

1. Location of Operations:

Street Address and City	State
1. <input type="checkbox"/> Same as mailing address	
2.	
3.	

2. How many years has applicant been in business? _____ Full-time Part-time
 Years of experience in this field:.....

3. Type of Work:

Commercial: %
 Residential:..... %

4. Does applicant use pesticides or herbicides? Yes No
 If yes: Are they EPA approved? Yes No
 What is the percentage of operations?..... %

5. Does applicant use Cranes? Yes No
 If yes, what is maximum height?

6. Does applicant have a formal safety program in place?..... Yes No

7. Does applicant subcontract work? Yes No
 If yes: Annual subcontract cost: \$
 Type of work subcontracted: _____
 Are Certificates of Insurance obtained? Yes No
 Minimum limits required of subcontractors: \$

8. Description of Operations:

Operation	Payroll	Receipts
Arborist (If yes: Are they ISA certified?)..... <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Controlled Burns	\$	\$
Crop dusting or aerial spraying	\$	\$
Defensible Space contractor	\$	\$
Highway, street or utility right-of-way maintenance	\$	\$
Landscaping	\$	\$
Lawn Servicing (mowing, fertilizing, etc.)	\$	\$
Logging and Lumbering	\$	\$
Mulch Manufacturing	\$	\$
Snow or ice removal (If yes: GLS-SUPP-6, Snow Removal Supplement required)..... <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Tree trimming	\$	\$
Tree/stump removal	\$	\$
Use of Explosives	\$	\$
Other—Please describe:	\$	\$
Total	\$	\$

9. Employee Data:

Category	Number
Owner(s) only	
Other than clerical:	
Full-time	
Part-time	
Leased	
Total	

10. Additional Insured Information:

Name	Address	Interest

11. During the past three years, has any company canceled, declined or refused similar insurance to the applicant? (Not applicable in Missouri) Yes No

If yes, please explain: _____

12. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No

If yes, describe: _____

13. Does applicant have any other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

14. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			
Coverage			
Occurrence or Claims Made			
Total Premium			

15. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. Check if no losses last three years.

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.