

LandPro® TreePro™ Workers' Compensation Supplemental Application

- 1) List all states in which work is being performed:

- 2) How many crews are used? ____
- 3) Is any Line Clearing work performed? Y / N
 - i) If yes, what percentage of the work is line clearance? ____
 - ii) Is company certified for electrical work? Y / N
- 4) How many years has this risk been in business (including owner's experience managing or running a like business? ____ (attach documentation of owner's experience)
- 5) Is a full time mechanic employed by the applicant? Y / N
- 6) Who is responsible for the training and supervision of new and temporary employees? _____
- 7) Is there a full time safety manager employed by the applicant? Y / N
- 8) Is there a safety training program? Y / N (attach copy)
- 9) Is attendance mandatory? Y / N
- 10) Are they documented? Y / N (provide examples)
- 11) Is there a tailgate safety program? Y / N
- 12) Are employees required to attend classes on the proper operation, safe use and care of the applicant's equipment? Y / N
- 13) Are employees required to physically demonstrate their ability to operate a piece of equipment before being allowed to work with it? Y / N
- 14) How often is the equipment inspected? _____
- 15) Are all employees instructed on proper lifting practices? Y / N
- 16) What special precautions are used when working around power lines?

- 17) What is the insured's practice of recordkeeping for such things as:
 - a) Violations of safety rules: _____
 - b) Reports of company safety meetings: _____
 - c) Reports of tailgate safety meetings: _____
 - d) Equipment / vehicle maintenance: _____
 - e) Accident Investigation: _____
- 18) List industry association memberships (TCIA, ISA, PLANET, etc....):

19) List any safety accreditations or certifications earned:

20) Is pre-employment drug testing conducted? Y / N

21) Are pre-employment physicals performed? Y / N

22) Are pre/post-employment road tests conducted? Y / N

23) How many days per year is day-labor used? _____

24) Is I-9 employment verification obtained? Y / N

25) Does the company make health coverage available to their crews? Y / N

26) What percentage of employees participates in the health coverage? _____

27) Is there a light duty / return to work program for injured employees? Y / N (attach copy)

28) Describe the types of services provided:

29) Describe the types of machinery, equipment and tools utilized:

30) List / describe the personal safety gear issued by the employer?

31) Does employer use subcontractors? Y / N

a) If yes, are certificates of insurance obtained? Y / N

32) Any work performed above fifteen feet? Y / N

33) Any work performed above thirty feet? Y / N

34) Any work being performed below 3 feet? Y / N

35) Any seasonal employees? Y / N

List, describe

36) Do employees travel out of state? Y / N

a) If yes, where? How Often:

37) Has any workers' compensation coverage been declined, cancelled or non-renewed in the prior 3 years? Y / N

Owner's Signature: _____ Date: _____