



Mid America Specialty Markets  
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## Tree Care Specialist/Lawn Care Questionnaire (Attach to an Acord Application)

Policy Number: \_\_\_\_\_

Applicant's name \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

Applicant's website address \_\_\_\_\_ Contact's email address \_\_\_\_\_

**Workers' Compensation**

1) Workers' Compensation Insurer \_\_\_\_\_

**General Liability**

- 1) What is the total annual payroll? Owners/Partners \$ \_\_\_\_\_  
 Employees \$ \_\_\_\_\_
- 2) Does the insured use subcontractors? If yes:  Yes  No
- a. What is the total cost of the subcontractors? \$ \_\_\_\_\_
- b. What tasks do the subcontractors perform? \_\_\_\_\_
- c. Do you obtain certificates of insurance from all subcontractors?  Yes  No
- d. Are you added as an additional insured on the subcontractors' liability policies?  Yes  No

**Tree Care**

- 1) How long have you been in the business? \_\_\_\_\_
- 2) If this is a new venture, how many years have you worked for other Tree Care businesses? \_\_\_\_\_
- 3) What part of the total operation is Tree Care (if any)? \_\_\_\_\_ %
- a. What Tree Care services are offered? \_\_\_\_\_
- b. List the types of equipment used for Tree Care operations: \_\_\_\_\_
- 4) Does the insured perform any utility line clearing services, tree transplantation or crane operations?  Yes  No
- If yes, explain in detail: \_\_\_\_\_
- 5) Does the insured have an I.S.A certified arborist on staff?  Yes  No
- a. Arborist Name: \_\_\_\_\_
- b. Certification Number: \_\_\_\_\_
- 6) List the states in which you perform work. \_\_\_\_\_
- a. List the percentage of your sales from each state. \_\_\_\_\_ %

**Lawn Care/Lawn Maintenance**

- 1) What percentage of total operations is Lawn Care/Lawn Maintenance (if any)? \_\_\_\_\_ %
- b. How many years of experience does the insured have in this type of business? \_\_\_\_\_
- c. What Lawn Care/Lawn Maintenance services are offered? \_\_\_\_\_
- d. List the types of equipment used for Lawn Care/Lawn Maintenance operations. \_\_\_\_\_



Landscaping

- 1) What percentage of total operations is Landscaping (if any)? \_\_\_\_\_%
- a. How many years of experience does the insured have in this type of business? \_\_\_\_\_
- b. What Landscaping services are offered? \_\_\_\_\_
- c. Do you provide work that exceeds 2 ft. below the soil surface? Yes No  
If yes, describe: \_\_\_\_\_
- d. List the types of equipment used for Landscaping operations. \_\_\_\_\_  
\_\_\_\_\_

Snow Removal

- 1) What percentage of total operations is snow removal (if any)? \_\_\_\_\_%
- a. What percentage of the customers are commercial vs. residential? \_\_\_\_\_%
- b. List the types of equipment used for snow removal operations. \_\_\_\_\_  
\_\_\_\_\_

\*Please provide a copy of the contract used in operation.

- 2) List the vehicles used in snow removal operations. \_\_\_\_\_

Herbicide, Pesticide, Fertilizer or Chemical Use

- 1) What percentage of total operations involve the use of Herbicides, Pesticides, Fertilizers or Chemicals (if any)? \_\_\_\_\_%
- a. List ALL Herbicides, Pesticides, Fertilizers and Chemicals used and the average amounts kept on hand. \_\_\_\_\_
- b. List the types of equipment used for Herbicide, Pesticide, Fertilizer and Chemical application: \_\_\_\_\_
- c. Describe the application of Herbicides, Pesticides, Fertilizers or Chemicals. i.e. Spot treatment, large area, wet chemical, dry chemical, purpose, etc. \_\_\_\_\_
- d. Do you have a procedure for posting area after the application of Herbicides, Pesticides, Fertilizers or Chemicals to prevent undesirable contact with the affected area? Yes No  
If yes, please explain: \_\_\_\_\_

Other Operations

- 1) Does the insured perform any other operations not mentioned above? Yes No  
If yes, describe the work and provide the percentage of total operations that this work makes up: \_\_\_\_\_%  
Description: \_\_\_\_\_  
\_\_\_\_\_

Inland Marine

- 1) Please submit an ACORD application if coverage is desired.

Business Auto

- 1) Please submit an ACORD application if coverage is desired.



The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

_____		_____
Applicant's Signature		Date
_____	_____	_____
Agent's Signature	Agency Name	Date