



TREE TRIMMERS PROGRAM APPLICATION

1450 Hughes Rd., Suite 109
Grapevine Texas 76051
(817)424-5335 Fax (817)424-3772
www.brechtassoc.com

Applicant's Name: _____ Proposed policy dates: _____

Mailing Address: _____

Business Location: _____

Limits Requested: _____ Deductible Requested: _____

How long in business under this name? _____ Years experience in this field: _____

Individual Partnership Corporation Other

Is applicant properly licensed where required by law? Yes No License Number: _____

Number of active owners/officers/partners: _____ Number of employees: _____

Estimated annual: Payroll (excl. owner): _____ Receipts: _____ Subs Costs: _____

Does applicant carry Workers' Compensation coverage? Yes No

Does applicant lease employees from others? Yes No

If yes, please provide payroll: \$ _____

Does applicant subcontract work to others? Yes No

If yes, are certificates of insurance required? Yes No

Do subcontractors name the applicant as additional insured? Yes No

List subcontractors trades used with costs and percentage of operations					
Trade	Cost	%	Trade	Cost	%

List equipment owned or leased			
Type of equipment	Owned or Leased	Type of equipment	Owned or Leased

Please detail any "yes" answer to the following questions below. Make sure to include gross receipts.

Does applicant have a regular service schedule for all equipment? Yes No

Does applicant use any pesticides / herbicides not approved by the EPA? Yes No

Does applicant use any explosives? Yes No

Does applicant perform any logging or lumbering? If yes, include payroll and gross receipts Yes No

Details: _____

***Attach separate sheet with details**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature: _____	Date: _____
Producer's Signature: _____	Agency: _____ Date: _____