



Name		FEIN#	Active Years in Business (Min. 5 yrs)
Client Representative (Owner/Officer)	Title	Website	Contractor License Number

- Number of employees currently working in the governing code of 0106? _____ (Min. of 10 full-time)
- What was your most recent gross payroll total in the governing code of 0106? \$_____ (Please provide a copy of the most recent payroll invoice that matches the gross payroll amount presented that includes class codes).
- Current NCCI Exp. MOD, if applicable: _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you perform any tree work around or near live power lines or utility poles?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you perform total tree removal and/or relocation services?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you use (circle those that apply) climber spikes or foot ascenders to climb and trim trees?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you perform any branch walking?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you perform any tree maintenance over any body of water?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has your business ever incurred one or more losses in excess of \$250,000?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you provided three (3) full years of currently valued, within thirty (30) days, loss runs for review?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you check references on all prospective employees?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a written safety program currently in use? If yes, please provide a copy.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do any employees maintain any type of certification(s)? If yes, please provide a copy of each.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are ladders tied off at all times?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you require your employees working above 6 feet to utilize fall protection at all times? If yes, what types of fall protection do you require and who manufactures it? _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you require your employees working above 6' to utilize fall protection at all times? If yes, what types of fall protection do you require and who manufactures it? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you maintain all training records?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are employees required to sign-off that they have been trained?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you use chippers, mulchers, cherry pickers, booms, bucket trucks or other similar equipment? If yes, please provide a list of all powered equipment owned or rented by your business to include make, model and description. How often is the equipment inspected? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____

It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits. Any person who knowingly, and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

By signing this document you are authorizing SUNZ Insurance Company to request and be furnished Experience Modification Worksheet(s)/Risk Snapshot(s), from NCCI, relating to the entity named above.

Prospective Client Signature

Date

PEO Representative

Date