



TREE TRIMMERS' AND CRANE & BOOM SUPPLEMENT

Date: _____ Account Name: _____

SECTION 1. TREE TRIMMERS' OPERATIONS

_____ Number of years performing tree trimming operations:
_____ Number of employees engaged in tree trimming (off ground)
_____ Number of tree climbers
_____ Number of tree climbers certified by a professional organization

Identify trade association and business organization affiliation:

International Society of Arborists ISA Certified Arborist TCIA Tree Care Specialist
 Tree Care Industry Association Other (please list): _____

EXPOSURE OFF PREMISES

YES NO Stump Grinding?
 YES NO DOT – compliant worksite arrangement?
 YES NO Pre-job hazard determination surveys done?
 YES NO Work site inspections performed?
 YES NO NO PARKING signs posted prior to work start?
 YES NO Utility line clearance per OSHA 1910.269?
 YES NO Neighborhood pre-notification of job?
 YES NO Any work performed under annual contract for public entities?
_____ % Percentage of work performed near utilities?

Do you:

YES NO Establish exact property lines before operations conducted?
 YES NO Contact utilities / Dig Alert to locate underground utilities prior to trenching below 24 inches?
 YES NO Use ropes, barricades, warning signs or lights on major projects?



EQUIPMENT

YES NO Aerial lift inspection program?

YES NO Crane inspection? ****If you use Cranes, complete Crane & Boom Section**

YES NO Equipment and tool inspection?

_____ Number aerial lift boom trucks? ****If you use Booms, please complete Crane & Boom Section**

_____ Length of each boom

_____ Crane weight capacity (lbs.)

CLASSIFICATION – Total must equal 100%

_____ % Percentage of work performed on trees below 25 ft?

_____ % Percentage of work performed on trees 25 feet to 50 feet?

_____ % Percentage of work performed on trees above 50 feet?

EMPLOYEES

YES NO Any trainees or apprentices? How many? _____

YES NO Trained to operate equipment?

YES NO Trained on rope use and knot tying?

YES NO Trained on job site setup and traffic control?

% Ops Tree Operations:

_____ % Tree Work

_____ % Spraying of Trees (if yes, complete Pesticide Section)

_____ % Firewood or Mulch Sales

_____ % Utility Line Work – Total

_____ % Utility Line Work – Communications

_____ % Utility Line Work – Power

***A Formal Written Safety Program is Required for all Tree Work.**

Please describe your program and attach a copy of your Safety Manual:



SECTION 2. CRANE & BOOM OPERATIONS

Please indicate the **number** of Cranes that are owned, hired, or leased / rented.

Type of Crane:	Owned	Hired	Leased / Rented
Boom Trucks <50,000 lbs. (mounted on commercial truck chassis)			
Boom Trucks >50,000 lbs. (mounted on commercial truck chassis)			
Rough Terrain Cranes <50 tons (with oversized tires)			
Rough Terrain Cranes >50 tons (with oversized tires)			
Truck Cranes (fictional cranes, mobile cranes)			
Crawler Cranes			
Other (Please Define):			

Indicate which vehicle number from Auto application and/or item number from Equipment application with GVW and ULA for each owned, hired or leased/rented cranes. (use separate sheet if necessary):

Vehicle Number	GVW	ULA

- Are all Cranes equipment with weight of load? YES NO
- Is there a formal documented crane maintenance procedure and repair log? YES NO

Describe:

- Are crane operators CCP certified and / or licensed by the state when required? YES NO

*If yes, please provide details of certification and continuing training classes for each crane operator.

*If no, how is training completed?

- List all operations performed by you or on your behalf that involve the use of cranes.

- Does insured use ground spotters with tag lines and an experienced signal person? YES NO

- Are any lifts completed for hire / for an independent third party? YES NO

If YES, what type and how often:

- What types of precautions are taken when completing lifts around High Voltage power lines?

- Is the Utility company informed prior to any lift in close proximity to High Voltage Power lines? YES NO