



**REGIS TREE SERVICE SUPPLEMENT**

P.O. Box 686 Southeastern, PA 19399  
Phone 610-647-1280 Fax 610-647-4630

**PRODUCER**

- 1) PRODUCER— COMPANY NAME \_\_\_\_\_
- 2) PRODUCER— AGENT NAME \_\_\_\_\_

**APPLICANT INFORMATION**

- 3) RISK NAME \_\_\_\_\_

(Please fill out a separate application for each building at a Risk Address)

- 4) RISK ADDRESS \_\_\_\_\_

- 5) BUILDING NUMBER FOR RISK \_\_\_\_\_  
(Enter 1st, 2nd, 3rd, etc. to indicate to which building at the Risk Address this Supplement applies)

**OPERATIONS INFORMATION**

- 6) OWNER'S YEARS OF EXPERIENCE ? \_\_\_\_\_
- 7) NUMBER OF EMPLOYEES ? \_\_\_\_\_ 8) EMPLOYEES' PAYROLL ? \_\_\_\_\_
- 9) OWNER'S PAYROLL ? \_\_\_\_\_
- 10) ENTITY TYPE     CORPORATION     INDIVIDUAL     PARTNERSHIP
- 11) WILL THE APPLICANT EVER PERFORM WORK FOR UTILITY COMPANIES ? \_\_\_\_\_
- 12) WILL THE APPLICANT EVER PERFORM SNOW REMOVAL OR OTHER OPERATIONS ? \_\_\_\_\_
- 13) DOES THE APPLICANT USE "CHERRY PICKERS" OR "BUCKET TRUCKS" ? \_\_\_\_\_
- 14) % OF RESIDENTIAL WORK ? \_\_\_\_\_    15) % OF COMMERCIAL WORK ? \_\_\_\_\_
- 16) CURRENT CARRIER ? \_\_\_\_\_    17) LOSS EXPERIENCE ? \_\_\_\_\_
- 18) ANNUAL RECEIPTS ? \_\_\_\_\_
- 19) TYPE OF EQUIPMENT USED ? \_\_\_\_\_
- 20) ANY SPRAYING WORK PERFORMED ? \_\_\_\_\_
- 21) DESIRED GL LIMIT ? \_\_\_\_\_