



Background Manager Information

Please give details of all skills updates, workshops, training courses, seminars, conferences attended within the last 12 months as part of your Continuing Professional Development:

Manager 1

Manager 2 (if applicable)

Referees

Details of three clients for whom the company has carried out arboricultural contracts within the last 12 months, one of which should ideally be a local authority.

Name	Address	Tel
1.		
2.		
3.		

Enforcement action

You must provide details of any enforcement notices or prosecutions served on your business in the last 3 years by the Health & Safety Executive (HSE) or local authority (LA) in respect of breaches of H&S legislation, and local planning authority (LPA) or Forestry Commission (FC) in respect of breaches of tree protection legislation. **A notice or prosecution will not debar your business from CHAS registration by the AA, nor approval as an ArbAC, but failure to declare one will.**

APPLICABLE? NO YES (if YES provide details and evidence of corrective actions)

I apply for an assessment to become an ARB Approved Contractor and I have:

- read and understood and agree to meet the Standards of the scheme
- understood the consequences of not maintaining the Standards of the scheme
- read and understood and agree to abide by the Association's Code of Ethics and Code of Professional Conduct.

I enclose with this application:

- the insurance questionnaire and a copy of my insurance policy documentation
- a copy of the business's health and safety policy including a signed and dated policy statement
- the appropriate assessment fee (see schedule page 31).

To the best of my knowledge the information on this application form is true and correct.

Signed:

Manager 1 _____ Date _____

Manager 2 (if applicable) _____ Date _____

Insurance Questionnaire



You may need to refer to your insurance provider for assistance here.

Insured: _____

Trading as: _____

Address: _____

Telephone: _____

Business description: _____

1. EMPLOYERS' LIABILITY

Name of insurer: _____

Address of insurer: _____

Policy number: _____

Expiry date: _____

Limit of indemnity: _____

Does the policy cover:

(a) Indemnity to principal Yes / No

(b) Contractual liability Yes / No

(c) Use of chainsaws and power driven machinery Yes / No

Detail exclusions: _____

2. PUBLIC LIABILITY

Name of insurer: _____

Address of insurer: _____

Policy number: _____

Expiry date: _____

Limit of liability of any one accident: _____

Is this limit reduced for any specified risks? Yes / No

If so, give details: _____

Policy excess: _____

Detail exclusions that would apply to any work being performed in the insured's capacity as contractor or subcontractor

Does the policy cover:

- | | |
|--|----------|
| (a) Indemnity to Principal | Yes / No |
| (b) Contractual liability | Yes / No |
| (c) Fire and explosion | Yes / No |
| (d) Tree felling without restriction on height or distance from property | Yes / No |
| (e) Damage to underground services | Yes / No |
| (f) Burning of debris | Yes / No |
| Is Products Liability included | Yes / No |

If so, please confirm indemnity limit applying: _____

3. DECLARATION

We undertake to maintain appropriate insurance cover at all times and advise the Arboricultural Association immediately in writing in the event that any of the above policies are:

- (a) Cancelled
- (b) Not renewed, or
- (c) Altered such that the extent of policy protection afforded is reduced or amended in any way from that originally advised.

Signed: _____

Name: _____

Date: _____

For and on behalf of the ArbAC