## **Estimate & Consultation Policy**

### **Estimate**

- A free <u>estimate</u> is available for site visits made **within** the <u>RTS Service Area</u> (click on link to see a map).
- The free estimate includes any travel to/from the site and the first **30 minutes** of site time, which the customer may allocate and direct as they see fit.
- For site visits made **outside** of the RTS service area and/or site visits **exceeding** 30 minutes, the paid consultation policy applies (see below).

### Consultation

- A paid <u>consultation</u> is available to individuals who desire more site time and/or more extensive professional services.
- Includes a dedicated site visit by an <u>ISA Certified Arborist®</u> with a relevant 4-yr university degree.
- As needed, the consultant may also have additional credentials such as <u>ISA Tree Risk</u>
   <u>Assessment Qualification (TRAQ)</u> and/or <u>ASCA Tree and Plant Appraisal Qualification</u>
   (TPAQ).
- For site visits made within the RTS service area, the base fee for a paid consultation starts at \$75.00; the fee includes any travel to/from the site and the first 60 minutes of site time.
- For site visits made outside of the RTS service area, the base fee for a paid consultation starts at \$75.00; the fee includes any travel to/from the site and the first 30 minutes of site time.
- Once on site, any **additional site time** requested by the client may be billed at **\$75.00** per hour, rounded to the nearest 0.1 hour, at RTS' discretion.
- Upon return, any **consultative services** requiring additional off-site work requested by the client may also be billed at **\$75.00** per hour, rounded to the nearest 0.1 hour, at RTS' discretion.
- Consultative services may include, but are not limited to advanced <u>pest-pathogen</u> <u>diagnostics</u>, <u>construction tree preservation plans</u>, <u>planting decisions</u>, <u>tree</u> inventories, and/or tree appraisals.



# Hiring a Tree Service without General Liability or Workers' Compensation Insurance: A Recipe for Financial Disaster

Many people are unaware that the tree service industry is one of the most dangerous professions out there. Tree service employees work at extreme heights with large loads, while using dangerous tools, such as chainsaws and wood chippers. This danger is then compounded by working near power lines, busy roadways, and other infrastructure obstacles.

This high level of risk makes it incredibly important that the correct types and amounts of insurance are carried by the tree service company you hire.

General liability insurance pays for obligations incurred if a non-employee gets hurt on your property and/or when personal property damage is caused by the tree service company. General liability insurance is **fairly cheap** and typically costs around \$3000 to \$5000 per year.

Workers' compensation insurance, on the other hand, covers any injury a tree service employee suffers while at work. In contrast to general liability insurance, workers' compensation insurance is **very expensive** and typically costs **30-50 cents per dollar in wages paid**. Because of this, a lot of so-called tree service companies forgo it (illegally) to save money, even though <u>NC law requires</u> that most of them have it.

This is a recipe for financial disaster for the property owner. Without workers' compensation, if the tree service company cannot (or will not) internally cover all of the costs associated with the employee's injury, you as the property owner are next in line. Consequently, if you hire a tree service company without workers' compensation insurance, the injured employee can (and likely will) seek financial payment from you directly, exposing you to a huge potential liability.

#### **How to Protect Yourself**

When requesting tree service estimates, ask to see the **Certificate of Insurance (COI)** from the company. The COI will list the company's policy numbers and limits. For example:

General Liability - \$1 million each occurrence and \$2 million aggregate
Automobile Liability - \$1 million each accident
Workers' Compensation - \$500,000 each accident

Then, go ahead and call the producer listed on the COI to confirm the policies are real and in good standing, as some less reputable outfits have been known to produce fraudulent COIs and/or cancel coverages shortly after obtaining them.

No matter what, if a tree service company takes offense to requesting this information or hesitates to provide it, you probably shouldn't be doing business with them.

OP ID: JH

ACORD

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/11/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

|  |   |   |           |                         |              |             | rms and conditions of th                        |   |  |                                     | require an endorsement                    | . A s     | statement on |  |
|--|---|---|-----------|-------------------------|--------------|-------------|---|---|--|-------------------------------------|---|-----------|--------------|--|
| this certificate does not confer rights to the certificate holder in lieu of s |   |   |           |                         |              |             |   |   | CONTACT Brian Pierce   |                                     |   |           |              |  |
| Faw Insurance Agency, Inc.   |   |   |           |                         |              |             |   | PHONE 5.3 336-667-7125 FAX N. 336-667-7127  |  |                                     |   |           |              |  |
| P.O. Box 1248 North Wilkesboro, NC 28659 Investment Harmony, LLC               |   |   |           |                         |              |             |   |   | (A/C, No, Ext): (A/C, No):   |                                     |   |           |              |  |
|  |   |   |           |                         |              |             |   |   | E-MAIL<br>ADDRESS:   |                                     |   |           |              |  |
|  |   |   |           |                         |              |             |   |   | INSURER(S) AFFORDING COVERAGE  |                                     |   |           | NAIC#        |  |
|  |   |   |           |                         |              |             |   |   | INSURER A : Amerisafe  |                                     |   |           | 31895        |  |
| INSURED ROYCES Tree Service, LIC PO Box 508                                    |   |   |           |                         |              |             |   | INSURER B : Cincinnati Excess & Surplus   |  |                                     |   | 10677     |              |  |
|  |   |   |           |                         |              |             |   | INSURER C: Selective Insurance  |  |                                     |   |           | 12572        |  |
| Enka, NC 28728   |   |   |           |                         |              |             |   |   | INSURER D:   |                                     |   |           |              |  |
|  |   |   |           |                         |              |             |   |   | INSURER E :  |                                     |   |           |              |  |
|  |   |   |           |                         |              |             |   |   | INSURER F:   |                                     |   |           |              |  |
| 20/15/2010   |   |   |           |                         |              |             |   |   |  |                                     |   |           |              |  |
|  | VERAC   |   |           |                         |              |             | NUMBER:   |   | REVISION NUMBER:  E BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD |                                     |   |           |              |  |
|  |   |   |           |                         |              |             | RANCE LISTED BELOW HAY<br>NT, TERM OR CONDITION |   |  |                                     |   |           |              |  |
|  |   |   |           |                         |              |             | THE INSURANCE AFFORD                            |   |  |                                     |   |           |              |  |
| EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE              |   |   |           |                         |              |             |   |   | BEEN REDUCED BY PAID CLAIMS.   |                                     |   |           |              |  |
| INSR<br>LTR  |   | TYPE OF INSURANCE   |           |                         | ADDL<br>INSD | SUBR<br>WVD | SUBR<br>WVD POLICY NUMBER                       |   | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP                          | EXP<br>YYY) LIMITS                        |           |              |  |
| В  | X co  | X COMMERCIAL GENERAL LIABILITY  |           |                         |              |             |   |   |  |                                     | EACH OCCURRENCE                           | \$        | 1,000,000    |  |
|  |   | CLAIMS-MAD  | БΕ        | X OCCUR                 |              |             | CSU0091106                                      |   | 11/01/2019   | 11/01/2020                          | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$        | 300,000      |  |
|  |   |   |           |                         |              |             |   |   | ,.,,20.0   | 1 0 0 _ 0                           | MED EXP (Any one person)                  |           | 5,000        |  |
|  | <u> </u>                                      |   |           |                         |              |             |   |   |  |                                     | ` , , , , , , , , , , , , , , , , , , ,   | \$        | 1,000,000    |  |
|  | <u> </u>                                      |   |           |                         |              |             |   |   |  |                                     | PERSONAL & ADV INJURY                     | \$        | 2,000,000    |  |
|  |   | AGGREGATE LI  |           |                         |              |             |   |   |  |                                     | GENERAL AGGREGATE                         | \$        | 2,000,000    |  |
|  | PC  | DLICY   | RO-<br>CT | LOC                     |              |             |   |   |  |                                     | PRODUCTS - COMP/OP AGG                    | \$        | 2,000,000    |  |
| _  | 07  | ΓHER:   |           |                         |              |             |   |   |  |                                     | OOMBINED ONLOTE LIMIT                     | \$        | 4 000 000    |  |
| С  | AUTOMOBILE LIABILITY                          |   |           |                         |              |             |   |   |  | COMBINED SINGLE LIMIT (Ea accident) | \$  | 1,000,000 |              |  |
|  |   | NY AUTO   |           | -                       |              |             | S 2236963                                       |   | 11/01/2019   | 11/01/2020                          | BODILY INJURY (Per person)                | \$        |              |  |
|  | O\<br>AL                                      | WNED<br>JTOS ONLY   |           | SCHEDULED<br>AUTOS      |              |             |   |   |  |                                     |   | \$        |              |  |
|  |   | RED<br>JTOS ONLY  |           | NON-OWNED<br>AUTOS ONLY |              |             |   |   |  |                                     | PROPERTY DAMAGE<br>(Per accident)         | \$        |              |  |
|  |   | OTOG CIVET  |           | 7.0100 01121            |              |             |   |   |  |                                     | ,   | \$        |              |  |
|  | UN  | MBRELLA LIAB  |           | OCCUR                   |              |             |   |   |  |                                     | EACH OCCURRENCE                           | \$        |              |  |
|  |   | (CESS LIAB  | t         | CLAIMS-MADE             |              |             |   |   |  |                                     | AGGREGATE                                 | \$        |              |  |
|  | DE  | D DET   | ENITIC    |                         | 1            |             |   |   |  |                                     | AGGREGATE                                 |           |              |  |
| Α  |   | DED RETENTION \$  |           |                         |              |             |   |   |  |                                     | PER OTH-<br>STATUTE ER                    | \$        |              |  |
|  | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY |   |           |                         |              |             | AVWCNC2832442019                                |   | 10/04/2019   | 10/04/2020                          |   |           | 500,000      |  |
|  | OFFICE  | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) |           |                         |              |             | ATTIONO2002442010                               |   |  |                                     | E.L. EACH ACCIDENT                        | \$        | 500,000      |  |
|  | (Mandatory in NH)  If yes, describe under     |   |           |                         |              |             |   |   | 44/04/2020   | E.L. DISEASE - EA EMPLOYEE          | \$  | 500,000   |              |  |
| _  | DÉSCRIPTION OF OPERATIONS below               |   |           |                         |              | 5000000     |   | 44/04/0040  |  | E.L. DISEASE - POLICY LIMIT         | \$  | •         |              |  |
| С  | Rente   | d/Leased  |           |                         |              |             | S2236963  |   | 11/01/2019   | 11/01/2020                          | Equipment                                 |           | 125,000      |  |
|  |   |   |           |                         |              |             |   |   |  |                                     |   |           |              |  |
|  |   |   |           |                         |              |             |   |   |  |                                     |   |           |              |  |
| DES  | CRIPTION                                      | OF OPERATIO   | NS/I      | LOCATIONS / VEHIC       | LES (        | ACORE       | 101, Additional Remarks Schedu                  | ile, may b  | e attached if mor  | re space is requir                  | ed)                                       |           |              |  |
|  |   |   |           |                         |              |             |   |   |  |                                     |   |           |              |  |
|  |   |   |           |                         |              |             |   |   |  |                                     |   |           |              |  |
|  |   |   |           |                         |              |             |   |   |  |                                     |   |           |              |  |
|  |   |   |           |                         |              |             |   |   |  |                                     |   |           |              |  |
|  |   |   |           |                         |              |             |   |   |  |                                     |   |           |              |  |
|  |   |   |           |                         |              |             |   |   |  |                                     |   |           |              |  |
|  |   |   |           |                         |              |             |   |   |  |                                     |   |           |              |  |
| CE   | RTIFIC  | ATE HOLD  | ER        |                         |              |             |   | CANCELLATION  |  |                                     |   |           |              |  |
| ROYCES1  |   |   |           |                         |              |             |   |   |  |                                     |   |           |              |  |
|  |   |   |           |                         |              |             |   |   | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE                   |                                     |   |           |              |  |
|  |   |   |           | e Service, LL           | С            |             |   | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |  |                                     |   |           |              |  |
| PO Box 508   |   |   |           |                         |              |             |   |   |  |                                     |   |           |              |  |
|  | Enka, NC 28728                                |   |           |                         |              |             |   |   | AUTHORITED DEDOCATION OF   |                                     |   |           |              |  |

AUTHORIZED REPRESENTATIVE