HMI
POWERED BY ALPINE INTEL

Authorized Member Application

(Incomplete applications cannot be processed)

Company Information

Company Name:_____ Fed Tax ID:_____

DBA (legal name you wish to use for business transactions)_____

Address**:**_____

City:_____ State:_____ Zip:_____

Phone:_____ Alt phone:_____ Fax:_____

E-Mail:_____ Website: _____

Date Established: ___/___/___ Type of Company: ___ LLC ___S Corp ___C Corp ___Sole Prop. ___Other

Accreditations: _____

Memberships/Affiliations: _____

Number of Employees: ____ Number of International Society of Arboricultural (ISA) Certified Arborists, if any:____

States Licensed in (Please include license numbers):

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Contact Information

Contact:_____ Title:_____

Address**:** (if different from above)_____

City:_____ State:_____ Zip:_____ Email: _____

Phone:_____ Alt phone:_____ Fax:_____

Cell:_____ 24/7 Emergency Contact and Phone:_____

Mailing Information

Address**:** (if different from above)_____

City:_____ State:_____ Zip:_____ Email: _____

Billing Information

Contact:_____ Title:_____

Address**:** (if different from above)_____

City:_____ State:_____ Zip:_____ Email: _____

Phone:_____ Alt phone:_____ Fax:_____

Services Provided

☐	Tree removal	☐	Crane services
☐	Pruning	☐	Roof tarping
☐	Cabling and bracing	☐	Tree replanting
☐	Lightning protection	☐	Consultation: i.e., cause of loss, tree risks
☐	Stump grinding	☐	Tree/shrub identification
☐	Tree/shrub maintenance	☐	Pest control, fertilization, invasive treatments
☐	Wildfire preparedness consultation, recovery and prevention services		
☐	Other (please list): _____		

How many tree crews do you currently operate? _____

References

Please provide three (3) references.

Please print clearly

Company Name (if relevant)	Contact Name	Relationship (i.e., supplier, customer)	Phone Number

Company Questions

☐ Yes ☐ No Has your business been involved in litigation in the last four (4) years? If so, please explain, including dates, opposing parties, state and county.

☐ Yes ☐ No Has your business ever filed for bankruptcy? If so, what is the current status?

☐ Yes ☐ No Has your business license ever been suspended or revoked? If so, list the license(s).

☐ Yes ☐ No Does your business perform background checks on all owners and employees? Please list all of the checks that are performed (i.e., criminal [federal, state, county], drug, sex offender, legal employment, bankruptcy, driving record)?

Individual Principal Questions

☐ Yes ☐ No Has any principal in your business been involved in litigation in the last four (4) years? If so, provide an explanation, including dates, opposing parties, state and county.

☐ Yes ☐ No Has any principal in your business filed for bankruptcy? If so, provide the current status?

☐ Yes ☐ No Has any principal in your business ever had a professional license suspended or revoked? If so, list the license(s).

☐ Yes ☐ No Has any principal in your business ever used an alias? If so, provide the alias.

☐ Yes ☐ No Has any principal in your business ever been convicted of a felony? If so, provide an explanation, including dates, state and county.

Tell us more about your company

What states do you cover on a daily basis?

Counties served (List only the counties that you cover **entirely** on a daily basis, for example Wake/NC).

If you do not serve an entire county, please provide a list of zip codes from those counties that you serve on a daily basis.

Are all Services Provided from page 2 available in each area you serve? If not, please explain below.

Locations you are applying for:

Requested coverage area: Please list states/counties/zip codes for which you are applying only if different than the service areas provided above.

Will your company deploy to other states other than the requested coverage areas? If yes, please indicate what states.

Please submit the completed form to:

FAX: (866) 646-8329

MAIL: HMI – Authorized Member Program Manager
500 N. Hurstbourne Pkwy, Suite 350
Louisville, KY 40222-5399

If you have any questions please contact:

Toll-free (866) 937-6468
contact@HMIadvantage.com

******* PLEASE BE SURE TO MAIL THE ORIGINAL COPY *******

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SIGNATURE PAGE

Please read, sign and date that you understand and agree with the following statements. All owners/principals must sign individually. Please mail original signed copy to the address listed on page 4.

ACKNOWLEDGEMENT STATEMENT

I/We, the undersigned, hereby grant Horticultural Asset Management, Inc. ("HMI"), permission to make any and all desired inquiries, order credit reports and order narrative reports on our company/business and each of the undersigned.

I/We, the undersigned, hereby grant HMI, permission and approval to assess the information submitted and provide an overall recommendation based on the information, and agree that HMI is not obligated to accept the applicant into any program; furthermore, I/we, the undersigned, agree that HMI can amend the requirements set forth in this application at its sole discretion and on a case-by-case basis.

I/We, the undersigned, hereby agree that his application is confidential and not binding in any way upon HMI.

I/We, the undersigned, acknowledge and attest that the information provided in this application is true, to the best of our knowledge. I/We, the undersigned, acknowledge that any current or past criminal charges against the principals of the applicant have been disclosed to HMI.

I/We, the undersigned, hereby agree that the application itself is copyrighted and confidential to HMI and will be protected as such. In addition, HMI agrees that the applicant's information is confidential and will be protected by HMI with the understanding, however, that HMI reserves the right to freely disseminate the applicant's information to clients, partners and/or affiliates of HMI without notification to applicant.

GENERAL TERMS AND REQUIREMENTS OF AUTHORIZED MEMBER PROGRAM

I/We, the undersigned, hereby agree and understand that in order to qualify for the Authorized Member Program we will have to comply and abide with all of the terms and requirements, set forth in the Authorized Member Agreement and any exhibits, appendices or supplements thereto.

LEGAL ISSUES

I/We, the undersigned, certify under penalty of perjury, that the information provided in this application is complete, true, and correct.

QUALIFICATION STATEMENT

I/We, the undersigned, hereby agree that if employees, subcontractors or trades people are hired to work on any HMI assigned job, it is the responsibility of the undersigned to determine if they are fully licensed/certified and qualified to perform the work that is being assigned to them, and if any wrongdoing, mishandling, and/or negligence is caused by the employee, subcontractor, or trades people, it is the Authorized Member who is solely responsible and must correct the action/problem as soon as it is recognized.

All owners must sign individually in ink:

Signature: _____ Signature: _____

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

Print Name: _____ Print Name: _____

PLEASE MAKE ADDITIONAL COPIES OF THIS PAGE IF MORE SIGNATURES ARE NEEDED.

General Terms of Authorized Member ("AM") Program

Initial Annual Membership Fee: $300 per state that AM is applying to be a service provider. $150 for consulting arborists only.

Annual Membership Renewal Fee: AM will be required to pay, annually, the applicable renewal fees.

Commission Fee: AM will pay HMI 12% of pretax amount invoiced for each work assignment completed by AM.

Territory: AM shall be informed prior to making payment and signing the Authorized Member Agreement what territories it has been awarded and whether there are other members of HMI programs active in such territories.

Initial Annual Membership/Annual Membership Renewal Fees are non-refundable. Additional fees may apply in order to qualify for certain programs.

Member Requirements for the Authorized Member Program **(may vary for consulting arborists only)**

Time in Business:	Minimum 5 years (may vary according to territory).
Annual Revenues:	$500,000 or more (may vary according to territory).
Licenses:	All municipal, local, county, state or other licenses to do business as required by law or regulation.
Certifications:	ISA or state certified arborist on staff is required, and in good standing.
Accreditation and Safety Credentials:	TCIA member in good standing. TCIA Accredited Members, and member companies with CTSP and EHAP trained employees preferred.
ANSI A300:	Must adhere to ANSI A300 standards for tree care.
Labor Matters:	All employees must be legal residents of the United States or persons legally permitted to work in the United States.
Professionalism:	Employees must wear uniforms, carry proper identification and conduct business in marked vehicles. Employees must be courteous and conduct themselves professionally.
Insurance:	(i) General Liability: $1,000,000 Each Occurrence (ii) Automobile Liability: $1,000,000 Combined Single Limit (*includes all owned vehicles, non-owned vehicles, hired vehicles or any other vehicles*) (iii) Proof of Worker's Compensation: (*required regardless of state laws which allow an exemption*) (iv) Excess Liability: $1,000,000 Each Occurrence (v) Professional Indemnity/E&O: $1,000,000 Each Occurrence (required for consulting work)
Background Checks:	Background Checks are required on all owners and employees and must include Criminal Database Search (Federal, State and County), Sex Offender Registry Search, Drug Screening, Legal Employment, Bankruptcy, and Driving Record.

Upon selection for the Authorized Member Program, AM will be required to include HMI and certain of its customers as additional insureds on your insurance certificate(s). Language and other requirements will be provided.

In order to qualify for the Authorized Member Program and maintain membership status, applicants/members will be required to:

1. submit a fully completed application form;
2. execute an Authorized Member Agreement and any exhibits, appendices or supplements thereto;
3. submit to semi-annual credit and background checks;
4. provide the required insurance certificate (as mentioned above);
5. provide proof of licensing and certifications; and
6. pay annual membership fees (as described above)

The member requirements of HMI's Authorized Member Program were prepared in consultation with the TCIA.

HMI is proud to be a member of: