



Landscape, Tree and Lawn Contractors Supplemental Application

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Doing Business As: _____

Website: _____

GENERAL INFORMATION

- Years in Business: _____ Years of Experience in Field: _____
- License Number: _____ Year Issued: _____
- List all states where you operate. _____
- Have you ever operated in any other state? Please list. _____ Yes No
- Have you ever operated or been licensed under a different name? Yes No
If yes, list the name(s) and type of work. Explain reason for the name change.

- Do you have a formal safety program in operation? Yes No
- Inspection and Premium Audit contact and phone number: _____

EXPOSURE

- Provide your estimated annual gross sales for the next 12 months. \$ _____
- Number of active owners: _____ Owner Payroll: \$ _____
- Number of employees: _____ Total employee payroll: \$ _____
(not including owners) *(not including owners)*
- Indicate estimated amounts for each operation for the next 12 months.

Landscape Gardening	Payroll: \$ _____
Lawn Care (applies only to lawn maintenance)	Payroll: \$ _____
Tree trimming and other tree care	Payroll: \$ _____
Lawn and garden sprinkler installation, service or repair	Payroll: \$ _____
Snow and ice removal	Each snow plow unit: _____
Swimming pool servicing	Payroll: \$ _____
Paving or repaving	Payroll: \$ _____
Excavation	Payroll: \$ _____
Fence erection	Payroll: \$ _____
Grading of land	Payroll: \$ _____
Masonry	Payroll: \$ _____
Garden nursery	Gross Sales \$ _____
Other: _____	_____

OPERATIONS

- Do you do any out-of-state storm clean up? Yes No
 - What states? _____
 - Are you licensed in those states? Yes No
- Do you do any work:
 - involving utility right-of-way maintenance or utility line clearance? Yes No

- b. in highway medians or alongside highways or thruways? Yes No
- c. on airport grounds? Yes No
- d. alongside railroads? Yes No
- e. on farms? Yes No
- 3. Do you sell commercial fruit trees? Yes No
- 4. Do you allow customers to dig up their own trees from your garden nursery? Yes No
- 5. If you work near electrical wires, are lines shut down by the electric company prior to cutting? Yes No
- 6. Do you use explosives? Yes No
- 7. Do you do any crop dusting or aerial spraying? Yes No
- 8. If you do any underground work, do use "dig safe" or a similar service prior to digging? Yes No
- 9. Do you do any work at condominium or townhouse associations? Yes No
- 10. Do you do any landscape gardening or hardscape construction on new tract development construction prior to residents occupying the homes? Yes No
 - a. If yes, how many tract homes in a single development have you done? _____

PESTICIDES OR HERBICIDES

- 1. Are you licensed for pesticide/herbicide application? Yes No
- 2. Do you use any pesticides or herbicides that are included on the EPA's restricted-use or community right-to-know list? If yes, please list the pesticides and license. Describe why they are necessary and where they are being used. Yes No

- 3. Do you post "Pesticide Treated Area" caution warning signs where you have recently applied chemicals? Yes No
- 4. Do you manufacture or sell any chemicals? Yes No
- 5. Do you do any pollution testing or clean up? Yes No

SUBCONTRACTORS

N/A

Please provide a copy of your standard subcontractor agreement.

- 1. Indicate estimated annual subcontractor costs for the next twelve months \$ _____
- 2. Do you use any uninsured subcontractors? If yes, detail the work they perform. Yes No

- 3. Do you require Commercial General Liability Certificates of Insurance from all subcontractors prior to them beginning work? Yes No
 - a. What minimum limits do you require? _____
 - b. Are all subcontractors required to name you as an Additional Insured? Yes No
 - c. How long do you keep subcontractors' certificates of insurance on file? _____
- 4. Are all subcontractors required to sign a written agreement that includes a hold harmless agreement in your favor prior to them beginning work? Yes No

SNOW AND ICE REMOVAL

N/A

- 1. What are your gross sales from snow and ice removal operations only? \$ _____
- 2. Provide the number of each type of snow removal unit used. (Check all that apply.)
 - Plow trucks: _____ Snow throwers/blowers: _____ Skid steer/front end loader: _____
 - Other _____: _____

3. Do you do any work:
- a. On state or federal roads, streets or highways? Yes No
 - b. At gas stations? Yes No
 - c. At big box store parking lots? Yes No
 - d. At indoor mall parking lots? Yes No
 - e. At supermarket parking lots? Yes No
 - f. At hospital parking lots? Yes No
 - g. At stadium arena parking lots or seating areas? Yes No
4. Do you do any rooftop snow removal? If yes, answer sub-questions.
- a. Do you do rooftop snow removal on industrial or factory buildings? Yes No
 - b. Do you use snow throwers or blowers on rooftops? Yes No
 - c. Describe buildings where rooftop snow removal is provided, method of removal and safety procedures.

5. Do you carry Commercial Auto Liability coverage on all snow plow trucks? Yes No
- a. What limits? _____
6. Do you hire subcontractors that use their own trucks? Yes No

SWIMMING POOL SERVICING	<input type="checkbox"/> N/A
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1. What are your gross sales from swimming pool servicing operations only? \$ _____
2. Do you use chemicals that are not EPA-approved or are not stored in EPA-approved containers? Yes No
3. Are you in compliance with the Virginia Graeme Baker Pool and Spa Safety Act? Yes No
4. Do you do any:
- a. lifeguard services? Yes No
 - b. work at water amusement parks? Yes No
 - c. swimming pool or hot tub installation? Yes No
 - d. major pool repair work, such as renovation, refurbishing or re-plastering? Yes No
 - e. installation, maintenance or repair of diving boards, slides, handrails or platforms? Yes No
 - f. portable spa rentals? Yes No
5. When draining pools, what methods do you use to relieve pressure to prevent pool "pop-up"? (check all that apply)
- Checking hydrostatic relief valves before and after draining
 - Drilling holes into the pool
 - Checking for high water tables and underground springs
 - Other _____
6. Do you follow ANSI/APSP-7 standards to identify suction entrapment hazards on all projects? Yes No
7. Do you use APSP Drain Safety Test Kits? Yes No
8. Do you use the ANSI/APSP-7 field checklist to identify suction entrapment hazards? Yes No
9. Are you licensed or certified as required by local, state and federal regulations? Yes No

ADDITIONAL COVERAGES

Transportation Pollution Coverage		Damage to Property of Others (Tree trimmers only)	
Select Limits	Premium	Select Limits	Premium
<input type="checkbox"/> \$5,000/\$5,000	Included	<input type="checkbox"/> \$10,000/\$10,000	\$150
<input type="checkbox"/> \$25,000/\$25,000	\$75	<input type="checkbox"/> \$25,000/\$25,000	\$250
Swimming Pools – Broadened Property Damage		Pool or Spa Inspection Coverage	
Select Limits	Premium	Select Limits	Premium
<input type="checkbox"/> \$25,000/\$25,000	\$150	<input type="checkbox"/> \$25,000/\$25,000	\$150

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY AND ARE MADE PART OF ALL APPLICABLE APPLICATIONS FOR INSURANCE.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued. I HAVE READ AND UNDERSTAND THE FRAUD WARNINGS CONTAINED IN ALL APPLICATIONS.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature _____ Title _____ Date _____

Producer Signature _____ Date _____