

Landscape Contractors Supplemental Application

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

Section I – Applicant Information

Name of Applicant: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 P.O. Box: _____ City: _____ State: _____ Zip Code: _____
 Telephone: _____ Website: _____
 State(s) / Area of Operation: _____ Licensed for Business in State(s): _____
 Years in Business: _____ Contractor License #: _____
 Description of Operations: _____

Section II – Exposure Information

1. Please provide historical receipts, payroll and cost of subcontracted work:

Year	Annual Gross Receipts	Employee Payroll	Subcontractor Costs
5th Prior Year	\$	\$	\$
4th Prior Year	\$	\$	\$
3rd Prior Year	\$	\$	\$
2nd Prior Year	\$	\$	\$
Current Year	\$	\$	\$
Projected Next 12 months	\$	\$	\$

Section III – Description of Operations

1. Please indicate the payroll and receipts for each of the following:

Operation	Payroll	Receipts
Landscaping	\$	\$
Lawn Care Service (maintenance, mowing, fertilizing, etc.)	\$	\$
Tree Pruning, Dusting, Spraying, Trimming or Fumigating	\$	\$
Snow or Ice Removal	Residential	\$
	Commercial - Retail	\$
	Commercial - Other	\$
	Public Street & Roads	\$
Tree/Stump Removal	\$	\$
Pesticide and Herbicide Application	\$	\$
Highway or Utility Right-of-Way Maintenance	\$	\$
Other – Please describe: _____	\$	\$
Total:	\$	\$

2. Do you or have you ever performed, directly or through a subcontractor, any of the following work?

- a. Airport: Yes No
- b. Agricultural Crop Spraying: Yes No

Section III – Description of Operations (continued)

- c. Automatic Sprinkler/Fire Suppression (indoor): Yes No
- d. Environmental Remediation: Yes No
- e. Equipment Rental without Operators: Yes No
- f. Fire/Water Damage Restoration: Yes No
- g. Logging: Yes No
- h. Work in the state of New York: Yes No

3. Please provide number of employees in each category:

Owner(s) Only _____ Other than Clerical _____ Clerical _____
 Full Time _____ Part Time _____ Leased _____ Other: Describe: _____

4. Please provide the percentage of work in each category:

Residential _____ Commercial: _____ Other: _____

5. Does applicant contact utilities to locate underground utilities before commencing work? Yes No

a. What locate service does your firm use to identify underground exposures? _____

b. Do you keep records of calls and diary for relocates? Yes No

c. Do you use either still or video cameras to document located lines prior to digging? Yes No

6. Does the applicant use any explosives? Yes No

7. Any grading of land or excavation work done? Yes No

8. Is any landscaping or tree removal performed alongside medians, street, roads, interstates or highways? Yes No

9. Do you perform utility line clearance work? Yes No

10. Do you perform any out-of-state storm clean-up work? Yes No

11. Does your firm own or operate a construction and debris landfill? Yes No

12. Does the applicant have any other business ventures for which coverage is not requested? Yes No

If YES, provide details:

Section IV – Past Projects

1. Describe the five (5) largest jobs undertaken in the past three (3) years:

Project Description	Location (City, State)	Cost	Duration
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	

Section V – Snow & Ice Removal

1. Is the applicant involved in the removal of snow and ice? If YES, check off all appropriate responses: Yes No

a. Commercial business? Yes No

b. Condominium, townhouse or similar associations? Yes No

c. Apartment complexes? Yes No

d. Residential customers (private residential homes)? Yes No

e. Governmental entities? Yes No

f. Public Streets or Roads? Yes No

2. Does the applicant perform snow removal services for any major retail operations? Yes No

Examples: Wal-Mart, Lowe's, Home Depot, Shopping Centers, etc.

Indicate firms: _____

Section V – Snow & Ice Removal (continued)

3. Does your firm have a written standardized contract or agreement for the services performed? Yes No
If YES, does the agreement have a hold harmless clause in your firm's favor? Yes No
4. Do you carry Commercial Auto Liability on all trucks used in snow plowing?
If YES, state name of carrier : _____ Limits of Liability: \$ _____
Is snow plowing excluded from your commercial automobile policy? Yes No

Section VI – Chemical Application Exposures

1. Does the applicant use pesticides or herbicides? Yes No
If YES, please answer the following:
- a. Are they EPA approved? Yes No
- b. What is the percentage of operations? _____ %
- c. How are employees trained in handling them? _____
- d. Any algae or plant control in lakes, ponds, rivers and streams? Yes No
2. Do you use any "Restricted Use" pesticides or herbicides? Yes No
If YES, do your employees and/or supervisors have proper EPA licenses? Yes No
3. Are the following safety precautions followed for all applications? Yes No
- a. Occupants are notified verbally Yes No
- b. Post-application flagging and/or placarding of property Yes No
4. Have you ever been involved in a pollution suit? Yes No
5. Does the insured maintain the following records for at least two (2) years? Yes No
- a. Location of pesticide application Yes No
- b. Date, time and weather conditions at time of application Yes No
- c. Trade name, EPA registration number and amount of pesticide applied Yes No
- d. Type, amount, location and method of pesticide disposal Yes No

Section VII – Liability Controls / Risk Transfer

1. Does the risk have a formal written quality control program? Yes No
2. Do you have an equipment maintenance program in place? Yes No
3. Does all equipment used have guards in place to protect others from flying rocks and debris?
4. Does applicant subcontract work? Yes No
If YES, please complete the following:
- a. Annual subcontracted costs: \$ _____
- b. Type of work subcontracted: _____
- c. Are Certificates of Insurance required from all subcontractors? Yes No
- d. Do you require subcontractors to name you as additional insured? Yes No
- e. Are subcontractors required to carry at least \$1,000,000 occurrence /\$2,000,000 aggregate? Yes No
5. Does the risk use written subcontractor agreements? Yes No
If YES, please indicate type:
- Standard (AGC, AIA contracts) Custom Other: _____
6. Does the risk have a landscape architect on staff? Yes No
If YES, does the risk carry professional liability insurance? Yes No
If NO, does the risk require that the landscape architect carry his/her own professional liability insurance? Yes No

Section VIII – Loss/Claim History

1. Does the applicant have any knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against any named in the application? Yes No

If YES, please describe:

2. Has the risk ever been named in claims and/or litigation regarding faulty or defective construction or workmanship, including claims due to subsidence issues? Yes No

If YES, please describe:

3. Has the applicant ever been accused of breaching a contract in the past five (5) years? Yes No

If YES, please describe:

4. Has the applicant been fired or replaced on a job in progress in the past three (3) years? Yes No

If YES, please describe:

5. Are there any claims or legal actions pending against any active, inactive or dissolved entities in which you have had a controlling interest? Yes No

If YES, please describe:

6. Has the applicant ever had a lapse in GL coverage? Yes No

If YES, please describe:

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY