



Landscape General Liability Supplemental Application

COMPANY OVERVIEW

Business Name:	_____	Policy Expiration Date:	_____
FEIN:	_____	Est. Sales ()::	_____
DBA:	_____	Contractor's License #:	_____
Years in Business:	_____	# of Owners:	_____
Website:	_____		

ESTIMATED PAYROLLS

CLASS CODE	EST. PAYROLL ()	SALES	# OF EMPLOYEES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HISTORICAL SALES

PROJECTED YEAR	CURRENT YEAR	PRIOR YEAR
_____	_____	_____

Briefly describe your general operations, who you service, and how the work is performed. Include state(s) in which you operate.

States: _____

LANDSCAPE GENERAL LIABILITY SUPPLEMENTAL APPLICATION

LANDSCAPE OPERATIONS

% of New Construction: <i>(If dwelling, prior to Certificate of Occupancy)</i>	%	% of Maintenance/Repair: <i>(If dwelling, after Certificate of Occupancy)</i>	%
Single Family Homes	%	Single Family Homes	%
HOA, Condo, Townhome, Apartment	%	HOA, Condo, Townhome, Apartment	%
Commercial, Industrial, Retail Centers	%	Commercial, Industrial, Retail Centers	%
Government	%	Government	%
Municipal	%	Municipal	%
Median	%	Median	%
Highway	%	Highway	%
	100%		100%

Residential Customers: *(Check all that apply)*

- | | | |
|------------|----------------------|----------------------------------|
| Townhomes | Condominiums | Single Family Tract Developments |
| Apartments | Single Family Custom | Other: _____ |

- | | | |
|--|-----|----|
| Landscape contracting including hardscape, installation, and irrigation/sprinkler system work? | Yes | No |
| Lawn care operations including maintenance and application of herbicides, pesticides, and fertilizers? | Yes | No |
| Tree pruning, spraying, repairing, trimming, removal? | Yes | No |

What additional operations are performed? *(Check all that apply)*

- | | | |
|-----------------------------------|--|--|
| Aircraft spraying | Crop spraying/ dusting | Truck mounted dusting |
| Vegetative roofs | Snow removal/ plowing | Snow removal from roofs |
| Artificial turf contractor | Glass or greenhouse growing | Interior plumbing installation or repair |
| Playground equipment installation | Retaining wall construction/ repair greater than 6ft | Utility line clearing |
| Tree trimming/removal over 8ft: | Renting or leasing equipment to others | Own, lease, rent, hire, or borrow cranes |

Apply chemicals, fertilizers, herbicides/pesticides?	Yes	No	% of total ops.?	%
--	-----	----	------------------	---

***If greater than 40% please complete the question related to chemical application at the end.*

Do you do any rough grading, manipulating of slope, or finish grading of land?	Yes	No
<i>If yes, what % of your operations represents this work?</i>		%

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HISTORICAL INFORMATION

Have you ever, do you currently, or is there opportunity for future work at or near a nuclear facility?	Yes	No
Have you ever installed or do you intend to install an EIFS project?	Yes	No
Do you own or operate a quarry, sandpit or gravel pit?	Yes	No
Have you ever been named in claims or litigation alleging faulty or defective construction or workmanship, including claims involving water runoff, subsidence or the use of EIFS products?	Yes	No
<i>If yes, please provide detail of the status/ outcome and a description of the incident including type of work being performed and location.</i>		

Have you been cited by OSHA in the last three years?	Yes	No
<i>If yes, please explain below.</i>		

Do you have knowledge of any pre-existing act, omission, event, condition, or damages to any person or property that may give rise to any future claims?	Yes	No
<i>If yes, please explain.</i>		

Have you or are you currently involved in a Wrap-Up (OCIP or CCIP)?	Yes	No
<i>If yes, provide detail and % of operations.</i>		

RISK MANAGEMENT

Do you hire subcontractors?	Yes	No	<i>If yes, % of work subcontracted?</i>	%
Annual subcontract cost?	\$	_____	Type of work subcontracted?	_____
Do you obtain certificates of insurance from all subcontractors?				Yes No
Do you require all subcontractors to carry limits of insurance equal to your own?				Yes No
Are you named as an additional insured on all subcontractors policies?				Yes No
Do you use a written subcontract agreement containing hold harmless/ indemnity agreements in favor of your business?				Yes No
Do you have a landscape architect or engineer on staff?	Yes	No	<i>If yes, do you carry Professional Liability Insurance?</i>	Yes No
<i>If no, do you require the architect or engineer to carry his / her own Professional Liability?</i>				Yes No

FLEET SAFETY

Per vehicle, how many stops are made on average each day? _____

Do you utilize any GPS tracking system? Yes No

If yes, what system do you use? _____

Do you have MVR standards that new and existing drivers must abide by? Yes No

Do you utilize any written or physical driving test? Yes No

How often do you review fleet safety with your employees? _____

CHEMICAL APPLICATION

Please complete the following questions if 40% or more of your operations include chemical, herbicide, or pesticide application.

Do you use restricted use chemicals? Yes No

Do employees have the proper EPA licenses? Yes No

If yes, please provide all license expiration dates. _____

Percentage of application by customer location:

Residential (including HOA) _____ %

Municipal _____ %

Industrial _____ %

Agriculture _____ %

100%

Is the mixing of the product done manually or automated? _____

Is the mixing of the product done primarily at your location or at your jobsite? _____

Do you maintain detailed records for jobsites serviced with pesticide application for at least 2 years? Yes No

Has your company ever had a complaint from the Department of Agriculture or EPA? Yes No

Are proper safety precautions followed for all chemical applications? Yes No

Are the owner and/or occupants of the property notified prior to application? Yes No

Are post application signs placed on the property? Yes No

Describe any other safety precautions you implement _____

CERTIFICATIONS / ACCREDITATION

Do you have employees who are Landscape Industry Certified? Yes No

Check all that apply: Manager Exterior Technician Interior Technician
 Horticultural Technician Lawn Care Manager Lawn Care Technician

Are you a Landscape Industry Accredited Company? Yes No

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FRAUD WARNING: APPLICABLE TO ALL STATES

Any person who knowingly and with intent to defraud any insurance company or other person files an application 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 and the stated value of the claim for each such violation.

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and or authorization or agreement to bind the insurance.

NOTICE TO APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a crime.

You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, you will immediately notify the Underwriters of such changes. You understand that the General Liability coverage is subject to premium audit at policy expiration or cancellation and that the audit may result in additional or return premium to the first named insured.

Signed and Dated by Owner or Officer:

Printed Name and Title:

Date:

By completing this supplemental you allow us to share your name and address with NALP.