

Landscape Supplemental Application

COMPANY OVERVIEW

Business Name: _____	Policy Expiration Date: _____
FEIN: _____	Est. Sales : \$ _____
DBA: _____	Contractor's License #: _____
Location Address: _____	Website: _____
Mailing Address (if different from above): _____	

ESTIMATED PAYROLLS

CLASS CODE	EST. PAYROLL	# FULL TIME EMPLOYEES	# PART TIME EMPLOYEES
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

CORPORATION/OFFICERS

TITLE	NAME	% OF OWNERSHIP	EXCLUDED FROM COVERAGE	
			Yes	No
_____	_____	%	Yes	No
_____	_____	%	Yes	No
_____	_____	%	Yes	No
_____	_____	%	Yes	No
_____	_____	%	Yes	No
Total		100%		

PAYROLL/PREMIUM HISTORY (3 YEARS)

YEAR	PREMIUM	TOTAL PAYROLL
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

LANDSCAPE WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

SAFETY PROGRAM

Do you have an active safety incentive program?	Yes	No	<i>If yes, what type of incentives?</i>	_____
Do you have a safety director?	Yes	No	# of employees OSHA 10 certified?	_____
Accident investigation program?	Yes	No	Safety meeting frequency?	_____
CPR training?	Yes	No	<i>If yes, # of employees enrolled?</i>	_____
Return to work program (light duty)?	Yes	No	Enforce pre-work stretch?	Yes No
Any other safety designations or certifications?	_____			

LANDSCAPE OPERATIONS

Maintenance: _____ %				Installation/Construction: _____ %			
Single Family Homes	_____ %	Municipal	_____ %	Single Family Homes	_____ %	Municipal	_____ %
HOA, Condo, Townhome, Apartment	_____ %	Median	_____ %	HOA, Condo, Townhome, Apartment	_____ %	Median	_____ %
Commercial, Industrial, Retail Centers	_____ %	Highway	_____ %	Commercial, Industrial, Retail Centers	_____ %	Highway	_____ %
Government	_____ %			Government	_____ %		
Total 100%				Total 100%			

Chemical Lawn Care Application/Fertilization: _____ %				Irrigation Installation/Maintenance: _____ %			
Single Family Homes	_____ %	Municipal	_____ %	Single Family Homes	_____ %	Municipal	_____ %
HOA, Condo, Townhome, Apartment	_____ %	Median	_____ %	HOA, Condo, Townhome, Apartment	_____ %	Median	_____ %
Commercial, Industrial, Retail Centers	_____ %	Highway	_____ %	Commercial, Industrial, Retail Centers	_____ %	Highway	_____ %
Government	_____ %			Government	_____ %		
Total 100%				Total 100%			

If you do installation what % is hardscape?	_____ %	What % of installation is softscape?	_____ %
Involved in any Wrap or "OCIP" projects?	Yes No	Reforestation or habitat restoration?	Yes No

TREE TRIMMING OPERATIONS

Do you do any above ground tree trimming?	Yes	No	<i>If yes, % of operations of above ground tree trimming?</i>	_____ %
# of certified arborists?	_____		% of operations above 15ft.?	_____ %
% of operations climbing?	_____ %		% of operations aerial lift?	_____ %

OTHER THAN TREE TRIMMING

Installation/removal of trees greater than 15 gallons?	Yes	No	If yes, % of operations planting trees greater than 15 gallons?	_____ %	
% of operations removing mature trees?	_____ %		Stump grinding?	Yes No	
% of operations climbing?	_____ %		% of operations aerial lift?	_____ %	
Association affiliation:	State Assoc.	ISA member	PTCA	NALP	Other

LANDSCAPE WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

CERTIFICATES OF INSURANCE

Do you need a Blanket Waiver of Subrogation? Yes No

PAYROLL

Do you anticipate payroll will continue to grow, decline, or stabilize? _____

Please elaborate on any questions above if necessary

Please provide detail to any claim above \$20,000
