



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/OFFICE | CRS | | | |
|-------|--------------------|-------------------|---------------------------|----|--|
| TITLE | NAME | % OF OWNERSHIP | EXCLUDED FROM COVERAGE | | |
| | | % | Yes | No | |
| | | % | Yes | No | |
| | | % | Yes | No | |
| | | % | Yes | No | |
| | | % | Yes | No | |
| Total | | 100% | | | |

PAYROLL/PREMIUM HISTORY (3 YEARS)YEARPREMIUMTOTAL PAYROLL\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$

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

States:

Years in business: **CLAIMS INFORMATION** Who is point of contact for your work related Email: Phone: injuries? Do you have a Preferred Medical Provider Yes No Provider name(s): for your work related injuries? **AUTO** Yes No Number of vehicles? Are vehicles company owned? Are vehicles taken home? Yes No Number of drivers? Employee's use personal vehicles for work? Yes Are road tests given? Yes No No Group Transportation (vans, bus, etc.)? Yes No Involved in DMV "PULL" program? Yes No Estimated average number of miles driven Radius of operations? each day? If yes, what % of total operations Group transportation of 5 or more employees? considers group transportation? **STANDARD INFORMATION** Written application? Yes No Reference checks? Yes No Pre/Post hire physical? Yes No Pre-hire drug test? Yes No Any interchange in labor? Yes Post-accident drug test? Yes No No Subcontractors used? Yes No If yes, what purpose? If yes, what are annual subcontractor receipts? Do you employ independent contractors Do you lease employees or use Yes No temporary labor? 1099 (not subcontractors)? Health benefits offered to employees? Yes If yes, who is the health provider? No % of health benefits paid by % % of employees enrolled? % employer? Total employees insured? Paid sick leave? Yes Paid vacation? Yes No No Average wage of field employee? Average tenure of employees?

Yes

No

Has ownership changed in last 5 years?

LANDSCAPE WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

| SAFETY PROGRAM | | | | | | |
|---|-----|----|--|-----|----|--|
| Do you have an active safety incentive program? | Yes | No | <i>If yes</i> , what type of incentives? | | | |
| 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</i> , # of employees enrolled? | | | |
| Return to work program (light duty)? | Yes | No | Enforce pre-work stretch? | Yes | No | |
| Any other safety designations or certification | s? | | | | | |

| | | LA | NDSCAPE O | PERATIONS | | | |
|---|----------------|---------------|-------------------|---|--------------|--------------|------|
| Maintenance: | % | | | Installation/Constructio | n: | % | |
| 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 A | Applicatior | /Fertilizatio | on: % | Irrigation Installation/M | Iaintenand | ce: <u>%</u> | |
| 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 | at % is hards | scape? | % | What % of installation is | s softscape? | | % |
| Involved in any Wrap or " | OCIP" proje | ects? | Yes No | Reforestation or habitat re | estoration? | Yes | No |
| | | TRE | E TRIMMIN | G OPERATIONS | | | |
| Do you do any above gro | und tree trim | ming? | Yes No | If yes , % of operation ground tree trimming | | | % |
| # of certified arborists? | | | | % of operations abov | e 15ft.? | | % |
| % of operations climbin | g? | | C | % of operations aerial | l lift? | | % |
| | | ОТН | IER THAN T | REE TRIMMING | | | |
| Installation/removal of translations? | ees greater tl | 15 nan 15 | Yes No | D If yes, % of operations trees greater than 15 | | | % |
| % of operations removing | ng mature tr | ees? | | % Stump grinding? | | Yes | No |
| % of operations climbin | g? | | | % of operations aeria | l lift? | | % |
| Association affiliation: | State A | Assoc. | ISA member | РТСА | NALP | Othe | er |

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