



1. Proposed Effective Date

2. Proposed Expiration Date

3. Today's Date

4. Name of Applicant and/or corporate name (use separate sheet if more space is needed):

5. Mailing Address:

STREET

CITY

STATE

ZIP CODE

5a. Physical Address:

(if different from mailing address)

STREET

CITY

STATE

ZIP CODE

6. Contact for info and final audit adjustment:

7. Email Address:

8. Phone:

9. Fax:

10. Alt Phone:

11. Type of Business Entity:

Sole Proprietor

Partnership

Corporation

Other

Federal ID#:

12. Experience:

Years Working for Others:

Years as Owner:

13. Involved in business full time:

Yes No

Over thirty hours/week?

Yes No

Social Security#:

14. Description of operations:

15. Member of any associations:

Yes No

Which ones? Please list below

16. Total Gross Sales:

Total Payroll:

17. Requested limit of liability:

18. Operations:

%Residential

%Commercial

%Construction

%Lawnsclaping Operations

%Municipalities

%Snow Removal

%Lawn Application

%Sprinkler Installation

%Agricultural Fumigation

%Construction

%Agricultural

%Other Operations (Radon, Water and Septic Testing etc.)

%Earth Moving

19. Operating Locations (if different from mailing address)

Main Location

Location 2

Location 3

Address:

State:

Own

Lease

Own

Lease

Own

Lease

License#:

20. Estimated sales by category and state:

Lawn Application Sales:

Lawn Care Sales:

Landscape Payroll:

General Pest Control:

Snow Removal:

Tree Work Payroll:

Lawn Care Payroll:

Product Sales:

Irrigation:

Carpentry:

Other Income (explain):

State Total:

VRC#



21. Employee Hiring Section:	When Hiring	Periodically	How Often			
	Check Yes Responses	Annually	Two Years	Five Years	Never Again	
a) Obtain a motor vehicle report:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Complete employment application:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Obtain an up-to-date physical:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Obtain a drug screening test:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Complete a background check:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Test their pest control/lawn care knowledge:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Customer Information:	YES	NO
a) Before providing services to a new customer, do you obtain a profile of the customer in terms of potential medical problems as it relates to lawn industry?	<input type="checkbox"/>	<input type="checkbox"/>
b) Along with MSDS sheets, does the technician provide any written or verbal communication outlining hazards and precautions to be taken by the customer relating chemical used?	<input type="checkbox"/>	<input type="checkbox"/>
c) Do you have a response procedure for customer complaints?	<input type="checkbox"/>	<input type="checkbox"/>

23. Record Keeping:	YES	NO
a) Do you have preprinted record keeping forms that allow the technician to check off appropriate boxes, thereby avoiding handwriting errors and mistakes on chemical concentrations?	<input type="checkbox"/>	<input type="checkbox"/>
b) Are specific records kept for each technicians: Training?	<input type="checkbox"/>	<input type="checkbox"/>
Continuing Education?	<input type="checkbox"/>	<input type="checkbox"/>
Inventory Use?	<input type="checkbox"/>	<input type="checkbox"/>
c) Are MSDS kept on file with an organized program for updates?	<input type="checkbox"/>	<input type="checkbox"/>
d) Are customer records maintained concerning: Past and Current Contracts	<input type="checkbox"/>	<input type="checkbox"/>
Accidents and/or Complaints	<input type="checkbox"/>	<input type="checkbox"/>
Amount of Pesticide used per job site	<input type="checkbox"/>	<input type="checkbox"/>

24. Safety Program (if yes, provide copies of written materials)	YES	NO
a) Is there a written company safety plan in place?	<input type="checkbox"/>	<input type="checkbox"/>

1- If yes, is a copy available on our request? 2- If no, is there any communication on safety issues? (Describe blow)

b) Are "spot checks" conducted to verify company policy is being followed?	<input type="checkbox"/>	<input type="checkbox"/>
c) Do you provide formal employee safety training?	<input type="checkbox"/>	<input type="checkbox"/>
d) Is proper training provided on Safety Equipment?	<input type="checkbox"/>	<input type="checkbox"/>
e) Do employees wear knee pads, head gear, proper shoes, ear plugs & similar protective gear?	<input type="checkbox"/>	<input type="checkbox"/>
f) Do employees attend formal safety meetings?	<input type="checkbox"/>	<input type="checkbox"/>
25. Herbicide/Pesticide Use	<input type="checkbox"/>	<input type="checkbox"/>

a) Number of licensed technicians: <input type="text"/>	b) Number of non-licensed technicians: <input type="text"/>		
c) Are procedures written detailing control techniques for each pest for different environments?		<input type="checkbox"/>	<input type="checkbox"/>
d) Have you issued proper safety equipment for each pesticide/herbicide as listed on the label?		<input type="checkbox"/>	<input type="checkbox"/>
e) Do you have formal emergency spill control procedure?		<input type="checkbox"/>	<input type="checkbox"/>
f) Are technicians periodically tested on this procedure?		<input type="checkbox"/>	<input type="checkbox"/>
g) List chemicals, herbicides and pesticides used:			

To guide your insurance application toward companies ready to pay claims arising from your type of work, please record below approximately how much in revenues you earn from the types of work you do for the customer groups shown below. Municipal clients include park districts and school districts. Large commercial clients include general contractors and other businesses with more than five acres of grounds and businesses such as golf courses.

Business Name	Website Address

In what year did you begin Landscaping or lawn care operations? _____

What do you expect your Total Revenues from landscaping and related work will be in the upcoming policy period? \$ _____

Of this revenue, what percentage do you sub out to other firms? _____%

Of the Total Revenue shown above, please estimate below how much is earned from the customer groups below.

Work for Residential and commercial clients	%
Work for Municipal & Governmental Clients	%
Work for General Contractors	%
Other - Explain	%

Services - What percentage of your revenue comes from these services _____

Lawn Care including Mowing and Raking, Core Aeration, Applying of Fertilizer, Weed Control, or other Chemical Service, Tree and Shrub Planting, Spraying/ Injection/ Trimming/ Removal, Stump Removal, Brush & Lot Clearing, and Chipping, Landscaping work including underground work and sidewalk – driveway work, and lawn sprinkler installation or service work, Firewood Sales	%
Excavating / Grading for Construction Projects	%
Retail Nursery Sales	%
Retail or Wholesale Sales of Equipment or Chemical products	%

In the checkboxes below please indicate if you perform these services:	
Wild Bird/Animal Trapping <input type="checkbox"/> Yes <input type="checkbox"/> No	Mosquito Control – Airborne Spray <input type="checkbox"/> Yes <input type="checkbox"/> No
Work done on, or for, farms <input type="checkbox"/> Yes <input type="checkbox"/> No	Mosquito Control –Other Explain <input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming Pool Construction <input type="checkbox"/> Yes <input type="checkbox"/> No	Airborne Spraying other than any described above <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, explain
Other landscaping / lawn care work done or products sold, not shown above – please explain	What percentage of your revenue comes from this: %

If you engage in landscaping or excavation work for large commercial businesses, or municipal or governmental entities, please attach your schedule of mobile equipment (from your application for property insurance) at the end of this application.

1. Describe other operations (other than lawn care) which you do during the off season:
2. Do you lease equipment from others? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you lease equipment to others? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Of the work that you take on, what services do you sub out to other firms?
4. When you use sub-contractors, do you require that they furnish you with a certificate of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is any mechanical equipment or contractors equipment left unattended overnight at a jobsite? <input type="checkbox"/> Yes <input type="checkbox"/> No



In questions 6 and 7 below, "New/Rehab Construction" refers to excavation, grading, and construction of new or rehabilitated residential properties and "Service/Maintenance" refers to lawn and garden work, including pest control and tree trimming.

6. What percentage of your work in the last five years falls into the categories below:

	New/Rehab Construction	Service/Maintenance
A. Condos, apartments, townhouses, other Multi-family residential properties	_____ %	_____ %
B. Tract Housing	_____ %	_____ %
C. Single Family Housing	_____ %	_____ %

7. What percentage of your work in the next twelve months will fall into the categories below:

	New/Rehab Construction	Service/Maintenance
A. Condos, apartments, townhouses, other Multi-family residential properties	_____ %	_____ %
B. Tract Housing	_____ %	_____ %
C. Single Family Housing	_____ %	_____ %

8. Are you now, or have you in the past, been insured under a Wrap-Up or OCIP (Owner Controlled Insurance Program) ? Yes No

9. If you do work for contractors or others who require you to add them as additional insureds on your insurance coverage, please list these firms or other entities below or attach a separate sheet:

10. Please describe your largest four projects in the past 24 months:

Work performed	Revenue Earned	% of Total	Client(s) Served
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Lawn, Garden, Landscaping Claim History / Loss Experience Please attach 3 years of loss runs

12. If any of the claims in the loss runs were paid or reserved at more than \$10,000 Please explain what happened?

13. Have you ever been named in a claim alleging a construction defect?
 If Yes, please explain what was the date of loss and what happened?

14. Are you aware of any incidents or conditions related to work which you performed or subbed out, which may give rise to a claim in the future? Please explain, what happened?

I hereby certify that all information is accurate to the best of my knowledge.	I hereby certify that all information is accurate to the best of my knowledge.
Applicant Signature	Producer
Date	Date

