

Complete in addition to ACORD Application
Requested Policy Effective Date: _____

Producer Info

Agency Name: _____ Producer Number: _____
Agent Name: _____ Agent Phone Number: _____

Insured/Business Info

Name of Applicant: _____

Only Fill out the portion of this supplemental that applies to your operation

LAWN SERVICE

Do you use subcontractors in your work?	Yes	No
a. If yes, what is subcontractor cost?	\$	_____
b. What percentage of your operation involves subcontracted work?	_____	%
Do you obtain and keep copies of General Liability Certificates for Subcontractors?	Yes	No
Do you require your subcontractors to name you as an additional insured?	Yes	No
Do you ever cut grass along the sides of highways?	Yes	No
if yes, what percentage of work does this entail?	_____	%
Do you do any type of crop spraying?	Yes	No
Do you apply herbicide or pesticides to lawns?	Yes	No
a. If yes, what percentage of your operation does this entail?	_____	%
b. Are you required to be licensed to apply the pesticide?	Yes	No
Do you do any type of tree maintenance work?	Yes	No
a. If yes, what percentage of your operation does this entail?	_____	%
b. Please describe the work you do: _____		
Do you have a nursery operation?	Yes	No
a. If yes, do you sell the items that are grown by you to the general public?	Yes	No
b. What are the total sales for this exposure?	\$	_____

TREE SERVICE / FELLING

Do you use subcontractors in your work?	Yes	No
a. If yes, what is subcontractor cost?	\$	_____
b. What percentage of your operation involves subcontracted work?	_____	%
Do you obtain and keep copies of General Liability Certificates for Subcontractors?	Yes	No
Do you require your subcontractors to name you as an additional insured?	Yes	No
Do you offer tree relocation?	Yes	No
Do you own and operate a crane in our tree care work?	Yes	No
a. If yes, are aerial lifts used?	Yes	No
b. What is the maximum height of your crane?	_____	
Do you fell trees?	Yes	No
IF yes:		
i. Years; experience felling trees?	_____	

ii. Do you have a documented hazard identification plan?	Yes	No
iii. Do you always use a pull line?	Yes	No
iv. Do you use felling wedges?	Yes	No
v. What is the maximum tree height you will fell?	<hr/>	
What type of protection do you use to protect the general public during tree felling operations?	<hr/>	

What type of chainsaw safety training do you require your workers take?

Are you required to be licensed by the state?	Yes	No
Are all government and industry standards regarding safe tree care adhered to?	Yes	No
Do you use chemicals?	Yes	No

a. If yes, what types of chemicals are used?

b. How are these chemicals stored?

c. Where required by law, are your workers licensed? Yes No

d. Do they follow state, federal and manufactures regulations and recommendations? Yes No

Do you perform Utility line-clearance work? Yes No

If yes, what safety procections do you put in place to keep the general public away from work being performed?

Do you require public utilities be identified and marked before any undergroud or digging begins? Yes No

LANDSCAPE GARDENING

Do you use subcontractors in your work? Yes No

a. If yes, what is subcontractor cost? \$

b. What percentage of your operation involves subcontracted work? %

Do you obtain and keep copies of General Liability Certificates for Subcontractors? Yes No

Do you require your subcontractos to name you as an additional insured? Yes No

Do you apply pesticides? Yes No

a. If yes, please describe?

b. Are any restricted use substances? Yes No

If yes, please list:

c. Do you follow state, federal and manufactures regulations and reccomendations? Yes No

Do you ever use explosives? Yes No

a. If yes, do you perform the work? Yes No

b. Do you subcontract the blasting work to others when necessary? Yes No

Do you require public utilites be identified and marked before any underground or digging begins? Yes No

Do you do any of the following type of work?

a. Crop Spraying Yes No

b. Retaining wall construction Yes No

c. Installation of walkways Yes No

d. Installation of landscape lighting Yes No

e. Installation of Decks Yes No

f. Installation of lawn sprinkler systems	Yes	No
g. Installayion of man-made ponds	Yes	No
h. Snow removal operations	Yes	No
Do you sellll any private label products?	Yes	No
if yes, please describe _____		
Do you provide any type of lawn care service?	Yes	No
if yes, please describe _____		
Do you apply lawn care herbacides and/or pesticides?	Yes	No
Are you required to be licensed?	Yes	No
Do you have a nursery operation?	Yes	No
a. If yes, do you sell the items that are grown by you to the general public?	Yes	No
b. What are the total sales for this exposure?	\$	

SNOW REMOVAL CONTRACTOR

Percentage of work performed:		
Commercial:		%
Industrial:		%
Residential:		%
Total Reciepts from all operations:	\$	
from snow removal:	\$	
Total Payroll from all operations:	\$	
from snow removal:	\$	
Number of emplyees:		
Years in the Snow Removal business:		
Does the Insured remove snow from:		
a. Parking Lots	Yes	No
b. Sidewalks	Yes	No
c. Driveways	Yes	No
d. Roadways	Yes	No
Any major highways or interstates?	Yes	No
e. Roofs	Yes	No
What equipment does the insured use other than truck and plow?		

What is the expierence of the operators?		
Does the Insured use Independent Contractors?	Yes	No
Does the Insured do any salting?	Yes	No
Do contractual.service agreements provide the following provisions?		
a. Specified duties regarding timing of snow removal	Yes	No
b. Specidied duties regarding salting.sanding of walkways?	Yes	No
c. Is there a hold harmless/indemnification agreement?	Yes	No
d. Does the contract specifically disclaim applicant's responsibility for refreeze?	Yes	No
Is the Insured a member of aSIMA (Snow & Ice Management Assocaition) or a similar organization?	Yes	No
Does applicant have a Commercial Auto Liability Policy in force?	Yes	No
a. What are the limits of liabilty?		

Fraud Warning and Signature

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. The Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials (this Application), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company. Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA. Insurance benefits may also be denied in LA, ME, TN, and VA).

In the District of Columbia, Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In 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 include imprisonment, fines, and denial of insurance benefits.

Completion of this application does not bind coverage or commit the company to policy issuance.

Signature of Applicant: _____

Title of Applicant (Officer/Partner): _____

Date: _____