



Underwriting Service Management Co

3800 Ashland Drive
Harleysville, PA 19438
(215)647-9600

Landscape General Liability Supplemental Application

COMPLETE IN ADDITION TO ACORD APPLICATIONS

All questions must be answered in full. Application must be signed and dated by the applicant.

COMPANY OVERVIEW

| | | | |
|--------------------|-------|-------------------------|-------|
| Business Name: | _____ | Policy Expiration Date: | _____ |
| FEIN: | _____ | Est. Sales (2020): | _____ |
| DBA: | _____ | Contractor's License #: | _____ |
| Years in Business: | _____ | # of Owners: | _____ |
| Website: | _____ | | |

OPERATIONS/REVENUE/PAYROLL

| OPERATIONS/CLASS CODES | EST. PAYROLL () | EST. SALES () | # OF EMPLOYEES |
|------------------------|------------------|----------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

HISTORICAL SALES

CURRENT YEAR

PRIOR YEAR

2ND YEAR PRIOR

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 or Condo Association | % | HOA or Condo Association | % |
| Apartment Complex | % | Apartment Complex | % |
| Commercial, Industrial, Retail Centers | % | Commercial, Industrial, Retail Centers | % |
| Government | % | Government | % |
| Municipal | % | Municipal | % |
| Median/Highway | % | Median/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> | | _____ % |

LANDSCAPE GENERAL LIABILITY SUPPLEMENTAL APPLICATION

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</i> | % |
| Annual subcontract cost? | \$ | | <i>subcontracted?</i> | <i>Type of work</i> |
| Do you obtain certificates of insurance from all subcontractors? | | | <i>subcontracted?</i> | 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 |

LANDSCAPE GENERAL LIABILITY SUPPLEMENTAL APPLICATION

FLEET SAFETY

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

| | | | | | |
|--|-------|----|--|-----|----|
| Do you utilize any GPS tracking system? | Yes | No | <i>If yes, what system do you use?</i> | | |
| 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 |
| <i>If yes, please provide all license expiration dates.</i> | | | | | |

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 Horticultural Technician | Exterior Technician Lawn Care Manager |
| | | Interior Technician 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:
