

Landscapers Supplemental Application

Package Supplemental Questionnaire

Insured: _____

Federal Tax ID # _____ Or Owner's Social Security # _____

Expiring Premium _____ Years in business _____

List all states that you perform work in _____

1. DESCRIPTION OF OPERATIONS:

A. STAFF

Number of Owners / Partners Etc. _____ Payroll for owners in the field \$ _____

Number Full Time Employees _____ Number Part Time Employees _____

Briefly describe the owner(s) day-to-day involvement (i.e. in the field):

What percentage of your work is as a: General Contractor ____% Construction Manager ____% Subcontractor ____%

Do you work in the five boroughs of NYC? Yes No

Do you work in Cook County, IL? Yes No

B. CLIENTELE – Indicate the percentage of work performed by you (MUST TOTAL 100%)

New Construction (PRIOR to certificate of occupancy)	Maintenance/Repair (AFTER certificate of occupancy)
_____ % Residential	_____ % Residential
_____ % Commercial	_____ % Commercial
_____ % Government Facility*	_____ % Government Facility*

***Copy of contracts with government entities are required to quote**

Residential clients (check all that apply):

Single Family Homes Home Owner Assoc. Condo Assoc. Multi-unit Residential (including apartments)

Will you perform ANY WORK for projects involving tract housing developments OR multi-unit residential structures including apartments **PRIOR** to the issuance of the certificate of occupancy? Yes No

Have you EVER performed ANY WORK for projects involving tract developments or multi-unit residential structures including apartments **PRIOR** to the issuance of the certificate of occupancy? Yes No

Are you insured under an OCIP (Owner Controlled Insurance Program)? Yes No

If yes, list annual payroll for OCIP project (should not be included below) \$ _____

C. OPERATIONS

Type of Work	Payroll	Receipts
Tree pruning, trimming (other than utility line)*	\$	\$
Utility Line Clearing * Power: _____ % Communications: _____ %	\$	\$
Tree Removal*	\$	\$
Land Clearing for developments* (housing or other structures)	\$	\$
Stump Grinding	\$	\$
Spraying of Lawn, Plants or Trees	\$	\$
Firewood or Mulch Sales	\$	\$
Snow Removal **	\$	\$
Lawn Cutting and Light Clean Up	\$	\$

Landscape Gardening (installation of plants, trees, shrubs, mulch application, sprinkler head repair, lawn cutting, trimming)	\$	\$
Irrigation Installation <u>in conjunction with</u> Landscape	\$	\$
Hydro-seeding or Sod Laying	\$	\$
Nursery	\$	\$
Landscape Construction OTHER THAN planting or sod laying (e.g. concrete work, drainage systems, irrigation, fences, walls, decks etc.)**	\$	\$
Other :	\$	\$

*Copy of contracts with government entities are required to quote

**If you've entered snow removal or landscape construction payroll above, completion of last page is required

D. SUBCONTRACTS

% of Work Subcontracted _____ % Cost of Subcontracts \$ _____

Type of work Subcontracted: _____

Are Certificates of Insurance required from Subcontractors? Yes No

Do your contracts with subcontractors contain indemnification and/or hold harmless wording? Yes No

2. ADDITIONAL INSURED REQUIREMENTS

Is BLANKET additional insured for ongoing operations required? Yes No

Approx. number of government contracts requiring additional insured status for ongoing operations _____

Is BLANKET additional insured status with completed operations required? Yes No

Approx. number of residential jobs requiring additional insured status with completed operations _____

Approx. number of commercial/non-habitation jobs requiring additional insured status with completed operations _____

Approx. number of government contracts requiring additional insured status with completed operations _____

3. PEST MANAGEMENT

Do you apply pesticides and/or herbicides? Yes No

If you've answered yes to the question above please complete the LandPro®TreePro™ Pesticide/Herbicide and Pollution Liability Questionnaire

4. EMPLOYEES AND SAFETY:

Do you have a formal hiring procedure manual? Yes No

Do you conduct reference checks? Yes No

Employee Turnover Rate _____%

Do you have a formal training/safety program in place? Yes No

Are employees trained in use of each piece of equipment? Yes No

Is safety training documented? Yes No

Is pre-employment drug testing conducted? Yes No

Are employees trained what to do when a vehicle or customer accident occurs? Yes No

Actions taken on problem drivers? Yes No

Do you have any incentive based safety programs? Yes No

Are you a member of any professional Landscape or Arborist Association? Yes No

Name of Association(s): _____

Describe your training / safety programs in place: _____

Do you comply with all standards of any statute, ordinance, regulation or license requirements or any federal, state or local government which apply to your operations? Yes No

5. EQUIPMENT

List mobile equipment subject to motor vehicle or financial responsibility laws:

Do you own, lease, rent, hire or borrow bucket trucks or lifts? Yes No

Do you own, lease, rent, hire or borrow cranes with grapples or hooks? (If yes, Crane supplemental must be completed) Yes No

Do you rent, lease or borrow equipment from others? Yes No

With Operators? Yes No

Type of equipment rented/leased: _____

Do you lease, rent or loan out equipment to others? Yes No

With Operators? Yes No

If yes describe the type of work: _____

Equipment maintenance program in place? Yes No

Address/location of the equipment stored:

Describe the type of security measures in place:

6. PROPERTY

Briefly describe the area around your building location & security (industrial, residential, off major road, type of lighting, etc.):

What is the average number of visitors daily? _____

Describe the care and conditions of the premises (include housekeeping practices): _____

7. AUTOMOBILE

Do you carrier Workers Compensation coverage? Yes No

Do drivers travel over the same routes Yes No

Do you obtain MVR's for all drivers annually? Yes No

Are road tests given to drivers? Yes No

Do you use 15 passenger vans to transport workers? Yes No

If yes, please complete 15 passenger van questionnaire

Do you have drivers under the age of 21? Yes No

Are employees allowed to drive company vehicles for personal use? Yes No

If yes, when & who? _____

Do family members have use of company vehicles? Yes No

If yes, when & who? _____

Are there written procedures for use of company vehicles? Yes No

(If yes, please attach copy)

Do you have an automobile maintenance program in place? Yes No

If yes, please describe: _____

8. OTHER

Do you store L.P.G., flammable liquids, ammunition or explosives on the premises? Yes No

If yes, please describe: _____

Are they stored in NFPA approved cabinets Yes No

**** Must Complete If Landscape Construction or Snow Removal Payroll Entered On Page 1****

a.

Landscape Construction	Commercial %	Residential %
Irrigation-Sprinkler System Installation/Repair - Separate Jobs (not included in Landscape project)	%	%
Underground Drainage Systems	%	%
Grading of Land	%	%
Excavation	%	%
Concrete or Cement Work – foundation, patio, sidewalk, building envelope	%	%
Retaining Walls: over 5' _____ % Max height _____ ft	%	%
Swimming Pool or Cistern Installation	%	%
Ornamental Pools, Fountains, Spas,	%	%
BBQ and Fire Pit Const.	%	%
Gazebos Installation	%	%
Fences-Walls-Decking Building/Repair	%	%
Vegetation / Roof Top Gardening (additional information required)	%	%
Gutter installation or repair	%	%
Other: _____	%	%
Total (Commercial and Residential must equal 100%)	%	%

b.

SNOW PLOWING:		Payrolls	Receipts
Residential: Private homes	<input type="radio"/> Yes <input type="radio"/> No	\$	\$

Condos, Apartments complex	<input type="radio"/> Yes <input type="radio"/> No	\$	\$
Public Access Office Dev./Malls	<input type="radio"/> Yes <input type="radio"/> No	\$	\$
Office Dev. With no Public Access	<input type="radio"/> Yes <input type="radio"/> No	\$	\$
Streets or Roads	<input type="radio"/> Yes <input type="radio"/> No	\$	\$
Member of SIMA or other Organization	<input type="radio"/> Yes <input type="radio"/> No		
# of years offering snow plowing:			
# of years experience snow plowing:			

To consider removal of snow plowing exclusion the following are required:

- Copy of snow removal contract if plowing for other than private single family residences
- Currently valued loss runs past four years
- MVR for plow operators (even if not submitting the auto for quote)

Insured
Signature: _____

Print
Name: _____

Title: _____

Date
Signed: _____

Insured
Email: _____