



Landscape Professionals Supplemental Questionnaire

Agent/Broker Name:

Account Name:

General Info

Number of years in business:				
Years of business management experience:				
Contractors license number(s):				
FEIN #:				
Certifications and designations held by owners(s):				
Has this firm ever filed for bankruptcy?		Yes	No	
Estimate for next 12 months:				
# of owners active in field	Number of Employees	In-Field Employee Payroll	Subcontractor Cost	Gross Sales
List all trade association memberships:				

1 LIABILITY EXPOSURES

Total work
% Commercial
% Residential
% Industrial

Payroll totals	
97047 Landscape Gardening	\$
97050 Lawn Care Services	\$
99777 Tree Pruning	\$

Percentage breakdown per subtype						
Commercial	Installation	%	Hardscaping	%	Lawn Care	%
Residential	Installation*	%	Hardscaping	%	Lawn Care	%
Industrial	Installation	%	Hardscaping	%	Lawn Care	%

*Residential Installation work (if performed):	
Custom Single-Family:	%
Multi-Unit including Apartments, Condos, Townhomes:	%
Tract Housing and Large Developments:	%

>> Check Box if Blanket Additional Insured with Completed Operations form needed:



Operations (check if performed):

Planting and/or removal shrubs	Excavation or trenching	Crop spraying
Lawn Care	Installation of Automatic Sprinklers	Equipment rental
Pesticide/Herbicide Application	Hardscape	Interior Landscaping
Sod/Turf Installation	Retaining wall installation	Logging
Tree Trimming	Water feature installation	Fire Break/Clearing
Tree Planting	Swimming Pool or Spa Construction	Land clearing for developments (other than a specific landscape project)
Nursery sales to public	Carpentry incl. decks & gazebos	
Hydroseeding	Drainage system repair/installation	

Subcontractors/Risk Transfer

Description of work subbed out:

	Yes	No
Written contract is utilized with all subs		
Hold harmless agreement in contract favoring applicant		
A/I required of all subs with minimum \$1M/\$2M limits		
Waiver of Subrogation required		
Primary and Noncontributory wording required		

Safety

	Yes	No
Jobsite safety plan exists		
Safety training documented		
Jobs are preplanned prior to work being done		
Quality control check is performed on completed work		
Active safety incentive plan exists		
— If yes, describe:		
Dedicated Safety Director on staff		
— If yes, describe their responsibilities:		
Safety meetings held at least weekly		
Root-Cause Analysis performed post-accident		
Job sites secured from the general public		
Supervisors present at job sites		
— Supervisors possess OSHA 10 training		
— Supervisors possess OSHA 30 training		

Employees

	Yes	No
Pre-hire drug test		
Random drug testing after hire		
Casual labor employed		
Employee hiring practice includes background check		



Herbicide/Pesticide

(Attach a copy of your current license - required for coverage)

	Yes	No
ONLY EPA Approved pesticides and/or herbicides applied		
More than 20 gallons of herbicide/pesticide carried per vehicle each day		
Spraying methods include general spraying (e.g. aerial or from large truck)		
Chemicals applied to agricultural crops		
All employees who apply pesticides/herbicides are licensed or supervised by licensed applicator		
Customers provided advance notice of spraying activities		
“Pesticide treated area” warning signs posted where chemicals were recently applied		
Proper records maintained (e.g. customer name, date of application, amounts applied, weather conditions, etc.)		
All chemicals are federally/state approved and no mixing/unclassified chemicals used		
Written Hazard Communication Plan in effect		
Applicant adheres to state, federal, or local government regulations regarding storage, application, disposal, and safety for chemical handling (including spills)		
Has your company ever had a complaint from the Dept. of Agriculture or the EPA? — If yes, describe:		
Any application process other than spraying outdoors? — If yes, describe:		

Job-Site Pollution

	Yes	No
Have any pollution claims been previously made against applicant or reported under any other policies?		
In the last five years, has the applicant had or caused any reportable releases or spills of hazardous substances, hazardous wastes, or any other pollutants as defined by applicable environmental statutes or regulations?		
Is the applicant aware of any fact, circumstance or situation which could result in a pollution claim being made against it or any other person or entity for whom coverage is being sought?		
Do you have a person whose responsibility is environmental management and/or compliance?		
Do you bring more than 20 gallons of any hazardous substance on a job-site?		

Errors and Omissions

	Yes	No
Licensed design professionals on staff		
Do you prepare construction documents, details, or specifications for tangible landscape objects or landscape features?		
Applicant prepares grading and drainage plans for the alteration of sites		
Snow removal performed		
Logging or lumbering performed		
Is more than 50% of work subcontracted to others?		
Any past errors, omissions, or design related losses?		



2 PHYSICAL LOCATIONS

Please provide full information on Acord 140 Section

Location 1

- Address:
- Description of occupancy (i.e. office, shop, storage yard):
- Is the building owned or leased (select one): Owned Leased
- Description of security measures in place:

Location 2

- Address:
- Description of occupancy (i.e. office, shop, storage yard):
- Is the building owned or leased (select one): Owned Leased
- Description of security measures in place:

Location 3

- Address:
- Description of occupancy (i.e. office, shop, storage yard):
- Is the building owned or leased (select one): Owned Leased
- Description of security measures in place:

Location 4

- Address:
- Description of occupancy (i.e. office, shop, storage yard):
- Is the building owned or leased (select one): Owned Leased
- Description of security measures in place:

Location 5

- Address:
- Description of occupancy (i.e. office, shop, storage yard):
- Is the building owned or leased (select one): Owned Leased
- Description of security measures in place:

3 AUTO

Safety Management

	Yes	No
Written Safety Program enforced at company		
Safety meetings held		
— If yes, how often? Weekly Monthly Quarterly		
Written Driver Training Program in effect		
Written vehicle take-home policy		
GPS fleet telematics devices utilized		
— Check all that apply: Plug-in Hard-wired Mobile phone Other		
— Percentage of vehicles equipped with telematics: %		

Driver Management

	Yes	No
Formal driving policy in place with MVR standards		
Formal driving policy communicated in writing to all employees		
Signed employee acknowledgement of driving policy required and kept in file		
Does the Insured's driving standards include the following with respect to MVR reviews?:		
1. No major violations (DUI, Racing, Hit & Run, Speeding in excess of 15 mph, driving & texting)		
2. No more than 2 moving violations within past 3 years		
3. No more than 1 at-fault accident within past 3 years		
Distracted Driver Policy in effect		
Regular checking of MVR reports		
— If yes, how often (check all that apply): Prior to hire Annually DMV Pull Notice		
Does applicant allow new hires to operate vehicles before completing driver training?		
Do employees drive their personal autos for company business?		
— If yes:		
1. Are the driving standards for these drivers same as all Driver Management answers above?		
2. What limits are they required by applicant to carry?		
3. Does applicant collect a copy of their policy annually?		
Are employees allowed to take company vehicles home?		
— If yes, is personal use of the company vehicles allowed		
— If yes, are family members allowed to drive company vehicles?		
Please describe any ongoing training provided to drivers, and/or provide any comments on answers above:		



Additional Coverages

JOB-SITE POLLUTION		ERRORS & OMISSIONS	
<u>Limits Requested</u>	<u>Deductible</u>	<u>Limits Requested</u>	<u>Deductible</u>
\$100,000/\$250,000	\$1,000	\$100,000/\$250,000	\$1,000
\$250,000/\$500,000	\$5,000	\$250,000/\$500,000	\$2,000
	\$10,000	\$500,000/\$500,000	\$5,000
		\$500,000/\$1,000,000	\$10,000
		\$1,000,000/\$1,000,000	

FRAUD WARNING

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; in LA, ME, TN and VA, insurance benefits may also be denied.)

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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS 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 INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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.

X

Applicant's Signature

Applicant's Name:

Date (MM/DD/YY)

Agent's Name: