Landscape Professionals Supplemental Questionnaire

Agent/Broker Name:   
Account Name:

# General Info

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

# Liability Exposures

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total work** |  | *Percentage breakdown per subtype* | | |
| % Commercial | Commercial | Installation % | Maintenance % |
| % Residential | Residential | Installation %\* | Maintenance % |
| % Industrial | Industrial | Installation % | Maintenance % |

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

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 |

Risk Transfer (complete if Subcontractors are used)

|  |  |  |
| --- | --- | --- |
|  | **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 |  |  |
| Personal Protective Equipment worn by all workers |  |  |

Employees

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Pre-hire drug test |  |  |
| Random drug testing after hire |  |  |
| Casual labor employed |  |  |
| Employee hiring practice includes application |  |  |
| 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? |  |  |

# 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 |  |  |
| Do driving standards include the following: |  |  |
| 1. No major violations (DUI, Racing, Hit & Run, Speeding in excess of 20 mph, driving & texting) |  |  |
| 1. No more than 2 moving violations within past 3 years |  |  |
| 1. 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 documented 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? |  |  |
| 1. What limits are they required by applicant to carry? |  |  |
| 1. 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**  **Limits Requested Deductible**  **$100,000/$250,000**  **$1,000**  **$250,000/$500,000**  **$5,000**  **$10,000** | **Errors & Omissions**  **Limits Requested Deductible**  **$100,000/$250,000**  **$1,000**  **$250,000/$500,000**  **$2,000**  **$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.)**

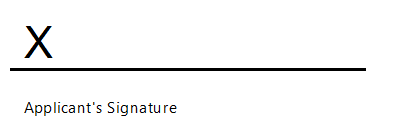
**IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.**

**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.**



Applicant’s Name:        
Date Signed:        
Agent’s Name: