

Landscape Contractor - Supplemental Application

General Information

Date: _____

Effective Date: _____ Expiration Date: _____

Applicants Name and Mailing Address: _____

Agency/Producer Name and Agency Number:
Sheaner Insurance Agency
phone: (214) 823-3003 fax: (888) 607-7154

Applicant is: Individual Partnership Corporation Other

Years in Business: _____

Underwriting Information

Explain all yes responses in the remarks section

	Yes	No		Yes	No
1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>	8. Are certificates of insurance required from subcontractors (GL and WC)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the applicant have any other business ventures?	<input type="checkbox"/>	<input type="checkbox"/>	9. Minimum GL limits required for subcontractors? Occurrence \$ _____ Aggregate \$ _____		
3. Any other insurance with this company or being submitted?	<input type="checkbox"/>	<input type="checkbox"/>	10. Gross receipts for past year: \$ _____		
4. Has any policy or coverage been declined, cancelled or non-renewed in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	11. Payroll for past year: \$ _____		
5. Is a formal safety program in operation?	<input type="checkbox"/>	<input type="checkbox"/>	12. Total cost of subcontracted work past year: \$ _____		
6. Are all jobsites directly supervised by applicant or employee of applicant?	<input type="checkbox"/>	<input type="checkbox"/>	13. Number of employees (incl. owners): Full Time: _____ Part Time: _____		
7. Are written hold harmless contracts required from subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>	14. What percentage of work performed is: Residential _____% Commercial _____% Industrial _____%		

15. Does the applicant engage in any of the following operations:
(if so, please indicate percentage to total operations and explain in detail in remarks section)

<input type="checkbox"/> Tree surgery or tree removal	_____%
<input type="checkbox"/> Rental or leasing of any type of equipment to others	_____%
<input type="checkbox"/> Snow removal	_____%
<input type="checkbox"/> Farming (incl. growing of sod for sale)	_____%

16. Does the applicant have landscape architects and/or engineers on staff? Yes
 No

If yes, do the architects and/or engineers create landscape designs for a consultation fee for clients other than the applicant *(please explain in remarks section)*? Yes
 No

17.a. Does the applicant engage in any lawn care operations involving the application of:

pesticides
 herbicides
 fertilizers

If so, please indicate the degree of use to total receipts: _____%

b. Is the applicant a licensed applicator? Yes No

c. Does the applicant use 'restricted use' pesticide? Yes No

If so, how often? _____

What controls are in place (please use remarks section for additional space)? _____

18. Does the applicant transport employees to job sites? Yes
 No

19. Any current or past involvement with wrap-up / OCIP? Yes No (if yes, please explain in remarks section)

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Remarks: