

## 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: