



LANDSCAPING GENERAL LIABILITY SUPPLEMENT
(Include Acord application)

Applicant's Name: _____ Location Address: _____
Mailing Address: _____

Contractor's License number and class type held? _____
How many years has this specific business entity operated under current name? _____
How many total years experience in this type contracting business does current management have ? _____
Does applicant use pesticides or herbicides? [] Yes [] No If yes, are they EPA approved? [] Yes [] No
How are employees trained in handling? _____
Does applicant subcontract work? [] Yes [] No
If yes, type of work subcontracted: _____
Are certificates of insurance obtained? [] Yes [] No Annual Subcontract cost: \$ _____
Are utilities contacted prior to work? [] Yes [] No
Any repair work offered? [] Yes [] No
If yes, please describe: _____
Type of equipment: _____
Any loan or rental to others? [] Yes [] No

Table with 3 columns: Category, Employee Payroll, Receipts. Rows include Landscaping, Lawn servicing, Snowplowing (Residential, Commercial - Retail, Commercial - Other, Street & Road), Tree work, Fumigation, Highway or utility right-of-way maintenance, Sales of commercial fruit trees/and/or seeds, Other - Please describe, and TOTAL PAYROLL.

Employee Data	
Category	Number
Owner(s) only	
Other than clerical:	
Full-time	
Part-time	
Leased	
TOTAL:	

New Construction: _____ % Remodeling: _____ % Repair/Maintenance: _____ % **(TOTAL MUST = 100%)**

Residential: _____ % Commercial: _____ % **(TOTAL MUST = 100%)**

Any involvement with Builders, Developers, General Contractors? Yes No

During the past three years, has any company ever cancelled, declined or refused to issue similar insurance to applicant? Yes No

If yes, please explain: _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date