

## Lawn Care and Landscaping Supplement

Please record below approximately how much in revenues you earn from the types of work you do for the customer groups shown below. Municipal clients include park districts and school districts. Commercial clients include general contractors and other businesses with more than five acres of grounds and businesses such as golf courses.

Please repeat your business name and website address here:			
In what year did you begin Landscaping or lawn care operations? _____			
What do you expect your Total Revenues from landscaping and related work will be in the upcoming policy period? \$ _____			
Of this revenue, what percentage do you sub out to other firms? _____%			
Of the Total Revenue shown above, please estimate below how much is earned from the customer groups below.			
<b>Work for Residential and commercial clients</b>	<b>Work for Municipal and Governmental clients</b>	<b>Work for General Contractors</b>	<b>Other - Explain</b>
%	%	%	%

Services	What percentage of your revenue comes from these services
<b>A.</b> Lawn Care including Mowing and Raking, Core Aeration, Applying of Fertilizer, Weed Control, or other Chemical Service, Spraying/ Injection/ Trimming/ Removal, Stump Removal, Brush & Lot Clearing, and Chipping	%
<b>B.</b> Landscaping work including underground work and sidewalk, lawn sprinkler installation or service work, driveway work, tree and shrub planting,	%
<b>C.</b> Excavating / Grading for Construction Projects	%
<b>D.</b> Retail Nursery Sales	%
<b>E.</b> Retail or Wholesale Sales of Equipment or Chemical products	%

<b>In the checkboxes below please indicate if you perform these services:</b>					
Masonry or Paver installation	Yes	No	Airborne Spraying other than any described above	Yes	No
Work done on, or for, farms	Yes	No	<b>Excavation or Grading of Land</b>	Yes	No
Swimming Pool Construction	Yes	No	If yes, explain		
Mosquito Control – Airborne Spray	Yes	No			
Other landscaping / lawn care work done or products sold, not shown above – please explain					What percentage of your revenue comes from this: %

If you engage in landscaping or excavation work for large commercial businesses, or municipal or governmental entities, please attach your schedule of mobile equipment (from your application for property insurance) at the end of this application.

1.	Describe other operations (other than lawn care) which you do during the off season:				
2.	Do you lease equipment from others?	Yes	No		
	Do you lease equipment to others?	Yes	No		
3.	What services do you sub out to other firms?				
4.	When you use sub-contactors, do you require that they furnish you with a certificate of insurance?				
		Yes	No		
5.	Is any mechanical equipment or contractors equipment left unattended overnight at a jobsite?				
		Yes	No		

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In question 6 and 7 below, "New Construction" refers to excavation, grading, and construction of new residential properties and "Service/Maintenance" refers to lawn and garden work, including pest control and tree trimming.

6. What percentage of your work in the last five years falls into the categories below:

	New Construction	Service/Maintenance
A. Condos, apartments, townhouses, other Multi-family residential properties	_____ %	_____ %
B. Tract Housing	_____ %	_____ %
C. Single Family Housing	_____ %	_____ %

7. What percentage of your work in the next twelve months will fall into the categories below:

	New Construction	Service/Maintenance
A. Condos, apartments, townhouses, other Multi-family residential properties	_____ %	_____ %
B. Tract Housing	_____ %	_____ %
C. Single Family Housing	_____ %	_____ %

8. Are you now, or have you in the past, been insured under a Wrap-Up or OCIP (Owner Controlled Insurance Program) ?

	Yes	No
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9. If you do work for contractors or others who require you to add them as additional insureds on your insurance coverage, please list these firms and provide a description of services rendered.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Please list your largest four projects in the past 24 months:

Work performed	Revenue Earned	% of Total Client(s) Served
_____		
_____		
_____		
_____		

**11. Lawn, Garden, Landscaping Claim History / Loss Experience - Please attach 3 years of loss runs**

12. If any of the claims in the loss runs were paid or reserved at more than \$10,000, please explain what happened?

\_\_\_\_\_

\_\_\_\_\_

13. Have you ever been named in a claim alleging a construction defect? If Yes, please explain what was the date of loss and what was the nature of the operations, (residential, commercial, et al)?

\_\_\_\_\_

\_\_\_\_\_

14. Are you aware of any incidents or conditions related to work which you performed or subbed out, which may give rise to a claim in the future? Please explain, what happened?

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that all information is accurate to the best of my knowledge.	I hereby certify that all information is accurate to the best of my knowledge.
Applicant Signature	Date
Producer	Date