

COMMERCIAL MULTI-PERIL LANDSCAPE & RELATED SUPPLEMENTAL DOCUMENTATION

ACCOUNT NAME: _____

POLICY #: _____

GENERAL

Number of years in business: _____ (Refer if fewer than 3 years).

Number of years of business management experience: _____

Contractors license number(s): _____

Certifications and designations held by owner(s): _____

Has this firm ever filed for bankruptcy? Yes No (Refer if "yes")

Gross Revenue (last complete year): _____

Net Income (last complete year): _____

List all trade association membership(s): _____

How often do you participate in trade events? _____

EXPOSURE ON PREMISES

Any public access to business premises?

Properly store pesticides, herbicides or hazardous chemicals?

Secure equipment during non-business hours?

	Yes	No
Any public access to business premises?	<input type="checkbox"/>	<input type="checkbox"/>
Properly store pesticides, herbicides or hazardous chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
Secure equipment during non-business hours?	<input type="checkbox"/>	<input type="checkbox"/>

EXPOSURE OFF PREMISES

	% Commercial
+	
	% Residential
=100%	

Percentage Breakdown of applicant's Commercial work:

% Installation +	% Maintenance = 100%
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Percentage Breakdown of applicant's Residential work:

% Installation +	% Maintenance = 100%
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If Residential Installation is provided, please provide the following breakdown:

% Custom Single-Family _____

% Multi-Family Incl. Apts, Condos, Townhouse _____

% Tract Housing/Large Development Single-Family _____

Work is chiefly performed in Urban Suburban Rural Areas.

Conducts tree trimming or plants mature trees?

Establishes exact property lines before operations conducted?

Utilities contacted to locate underground utilities before commencing work?

Uses ropes, barricades, warning signs or lights on major projects?

Provides customers written notice to avoid treated areas?

Removes toys, lawn furniture and pet dishes before applying chemicals?

On-site supervisors present at all job sites?

Mixes chemicals at job sites?

Employs a certified pesticide applicator?

Uses absorptive material to clean up leaks or spills?

Properly disposes of wastewater, excess chemicals and mixtures?

More than 50% of revenue derived from herbicide or pesticide application?

	Yes	No
Conducts tree trimming or plants mature trees?	<input type="checkbox"/>	<input type="checkbox"/>
Establishes exact property lines before operations conducted?	<input type="checkbox"/>	<input type="checkbox"/>
Utilities contacted to locate underground utilities before commencing work?	<input type="checkbox"/>	<input type="checkbox"/>
Uses ropes, barricades, warning signs or lights on major projects?	<input type="checkbox"/>	<input type="checkbox"/>
Provides customers written notice to avoid treated areas?	<input type="checkbox"/>	<input type="checkbox"/>
Removes toys, lawn furniture and pet dishes before applying chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
On-site supervisors present at all job sites?	<input type="checkbox"/>	<input type="checkbox"/>
Mixes chemicals at job sites?	<input type="checkbox"/>	<input type="checkbox"/>
Employs a certified pesticide applicator?	<input type="checkbox"/>	<input type="checkbox"/>
Uses absorptive material to clean up leaks or spills?	<input type="checkbox"/>	<input type="checkbox"/>
Properly disposes of wastewater, excess chemicals and mixtures?	<input type="checkbox"/>	<input type="checkbox"/>
More than 50% of revenue derived from herbicide or pesticide application?	<input type="checkbox"/>	<input type="checkbox"/>

PREMISES

Alarms: Fire _____ Monitored _____ Security/Burglar _____ Monitored _____

Premises well maintained and demonstrates good housekeeping?
 Pesticides isolated and stored in cool, ventilated area?
 Any attractive nuisances? (If yes, explain)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

EQUIPMENT

Any losses due to equipment breakdown or malfunction?
 Equipment secured when left unattended at jobsite?
 Equipment serviced or regular maintenance schedule?
 Employees trained to properly operate equipment?
 Equipment rented to or from others? (If yes, explain)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

With Operator?

CLASSIFICATION

Check any of the following applicable operations that may be conducted:

- | | | |
|--|---|---|
| <input type="checkbox"/> plant, remove, trim shrubs | <input type="checkbox"/> nursery (if so, check below) | <input type="checkbox"/> spa installation |
| <input type="checkbox"/> prepare and grade ground | <input type="checkbox"/> retail | <input type="checkbox"/> lighting installation |
| <input type="checkbox"/> pesticide/herbicide application | <input type="checkbox"/> wholesale | <input type="checkbox"/> drainage repair and installation |
| <input type="checkbox"/> build and repair fences, walls | <input type="checkbox"/> own inventory only | <input type="checkbox"/> swimming pool construction |
| <input type="checkbox"/> replace and repair walkways | <input type="checkbox"/> tree farm | <input type="checkbox"/> irrigation system Installation |
| <input type="checkbox"/> cement, concrete, tile work | <input type="checkbox"/> tree trimming | <input type="checkbox"/> gazebos, deck installation |
| <input type="checkbox"/> excavation or trenching | <input type="checkbox"/> tree planting | <input type="checkbox"/> water feature installation |
| <input type="checkbox"/> lawn care | <input type="checkbox"/> farming | |
| <input type="checkbox"/> install sod | <input type="checkbox"/> other: _____ | |
| <input type="checkbox"/> sod farm | <input type="checkbox"/> other: _____ | |

EMPLOYEES

Employee hiring includes application background check MVR
 Casual labor employed? (If yes, explain type used as well as training and supervision provided)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Average tenure all hired employees: _____ years
 Total number of employees: _____
 Total number of supervisors: _____
 Usual number of work crews: _____

COOPERATION

Does a written safety program exist? (Explain safety program / if none, explain safety practices)
 Is there a medical facility designated / posted that employees are aware of?
 Subcontractors used?
 Certificates of insurance obtained from subcontractors?
 Limits required on certificates of ins. \$500,000 \$1,000,000 More
 Applicant named as additional insured on subcontractors' policies?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Insured Signature: _____ Date: _____

COMMERCIAL AUTOMOBILE UNDERWRITING/PRICING SUPPLEMENTAL DOCUMENTATION

ACCOUNT NAME: _____

POLICY # _____

MANAGEMENT

- MVR required with employment application?
- Every driver's MVR checked annually?
- MVR quality standards employed? (attach copy)
- Road test conducted for new employees?
- Reference checks made for prospective new employees?
- Non-business use of company vehicles permitted?
- Policy exists to limit non-business use of company vehicles? (attach copy)
- Personal vehicles used in business?
- Insurance verified and \$500,000 limits maintained for personal vehicles used in business?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYEES

Total	Total Drivers	Total <25 yrs	Total > 65 yrs	W/ 1 Point	W/ 2 points	W/ 3 or more	Total w/ Serious

TO BE COMPLETED BY THE CARRIER

Maximum number of employees transported at one time in a single vehicle? _____
 Number of vehicles used to transport employees: _____

All drivers trained in operation of trucks?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

EQUIPMENT

- Any vehicles with cost new value exceeding \$50,000?
- Vehicles secured during non-business hours?
- Vehicle maintenance program with written service records maintained?
- Any public access to business premises after hours?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

SAFETY ORGANIZATION

- Accident investigations conducted?
- Accident reporting materials stored in each vehicle?
- Safety equipment stored in each vehicle (cones, warning signs)?
- Action taken on problem driver?
- Safety literature distributed?
- Award and penalty system exists?
- Check all methods used to monitor over-the-road driver behavior:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	Driver monitoring program (eg., BIT PULL, 1-800 How's My Driving)
<input type="checkbox"/>	Road observations by company management
<input type="checkbox"/>	Complaints received from motorists
<input type="checkbox"/>	Other: _____

DISPERSION OR CONCENTRATION OF VALUES

- Company vehicles parked overnight near buildings?
- Company vehicles packed together for overnight parking?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>