



**LANDSCAPE CONTRACTORS
INSURANCE SERVICES, INC.**

**WORKERS' COMPENSATION
SUPPLEMENTAL APPLICATION**

Named Insured	Web Address
Insured's FEIN	CSLB License #

CONTACT NAME AND PHONE NUMBER

Inspections	Phone
Premium Audit	Phone
Claims	Phone

PRIOR PAYROLL AND PREMIUM INFORMATION

TOTAL ANNUAL PAYROLL	PREMIUM \$
Current Year	Premium
Prior Year	Premium
Prior Year	Premium
Prior Year	Premium
Prior Year	Premium

CUSTOMER PROFILE

Please provide a detailed description of your operations

Years in Business: _____ Years in Industry: _____

% Commercial _____ % Residential _____ % Other (Explain) _____

Business Entity Sole Proprietor / Individual Partnership Corporation LLC

Any ownership change in the past 3 years? If so, provide details:

FOR CORPORATIONS, PLEASE IDENTIFY THE FOLLOWING OFFICER AND OWNERSHIP INFORMATION: *(Note that ownership must total 100%)*

President	Ownership	%
Treasurer	Ownership	%
Secretary	Ownership	%
Other (Include Title)	Ownership	%
Other (Include Title)	Ownership	%
Other (Include Title)	Ownership	%
Total		100 %

For sole proprietors, if you are married, please provide spouse's name:

For sole proprietors, are any relatives who reside in your household employed in the business? Yes No
If yes, provide details:

Are you involved in "Wrap Up" or "OCIP" projects? Yes No If yes, what percentage of annual payroll is dedicated to a Wrap Up/OCIP project? %

If yes, is the coverage for the wrap up provided by another contractor or are you providing the coverage for the project?
 Another Contractor is providing coverage I am providing coverage

OPERATIONS AND BENEFITS

OF EMPLOYEES

Average hourly wage for employees in governing class code \$ / hour (Governing class is typically 0042)

Employee turnover rate over the past 12 months: % Calculate: $(100) \times (\# \text{ of employees who left during the year} / \text{avg} \# \text{ of employees during the year})$

Paid Sick Leave? Yes No Paid Vacation? Yes No

Group medical provided? Yes No Percentage of employees enrolled: % Employer contribution percentage: %

Group medical insurance carrier:

Any day laborers or temporary/employee leasing? Yes No If yes, explain:

Subcontractors used? Yes No If yes, for what purpose?

% of work subcontracted:

Are certificates of insurance for subcontractors obtained and kept on file? Yes No N/A

Independent contractors used? Yes No If yes, for what purpose?

If yes, how are they paid? 1099's? Other?
Please explain:

Out-of-state, international or overnight (within state) travel? Yes No
If yes, explain:

Frequency of driving exposure: Daily Weekly Other

Radius of operations/travel: < 10 miles 11 - 50 miles 50 - 100 miles 100+ miles

Are vehicles company owned? Yes No # Of vehicles: # Of drivers:

Types of vehicles:

Other than owners' vehicles, are any vehicles taken home? Yes No If yes, explain:

Motor Carrier Number: PUC Number:

Vehicle/fleet maintenance program? Yes No Who does the servicing?

of employees transported per vehicle: # of vehicles used to transport employees:

Any group transportation of four (4) or more employees in one vehicle? Yes No

If yes, how? Car Truck Van Bus Frequency of group transportation: Daily Weekly Monthly

HIRING PRACTICES – EMPLOYEE SELECTION - CLAIMS

Written Application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-hire or post accident drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reference Checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	MVR Checks? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-placement Physicals? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any employees under age 16? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sup. To Employee ratio: <input type="checkbox"/> < than 5 - 1 <input type="checkbox"/> 5 - 1 <input type="checkbox"/> 6 - 1 <input type="checkbox"/> 7 - 1 <input type="checkbox"/> > 7 - 1	
Any Interchange of labor between two or more employers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
Do you have a formal written accident investigation process? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there established procedures for reporting claims? <input type="checkbox"/> Yes <input type="checkbox"/> No
Return To Work (light duty) Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use a specific medical provider to treat injured employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently participating in your carrier's MPN (Medical Provider Network)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CPR training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of employees certified:

SAFETY PROGRAM AND WORK ENVIRONMENT

Please identify the safety director at your company - name and title:	
Are owners active in daily operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have an active written injury & illness prevention program (IIPP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a Heat Illness Prevention Program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are safety meetings conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
Active safety incentive program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type of incentive?	
Do new employees receive safety training/orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the training? <input type="checkbox"/> Formal <input type="checkbox"/> Documented <input type="checkbox"/> Informal	
Have you received any OSHA citations in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:	
Lifting exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No Lifting exposures? <input type="checkbox"/> < 25 lbs. <input type="checkbox"/> 25 - 40 <input type="checkbox"/> 40+ If 40+, manual lifting or with assistance? Please explain:	
Identify the types of equipment used in your operations: <input type="checkbox"/> Mowers <input type="checkbox"/> Blowers <input type="checkbox"/> Hedge Trimmers <input type="checkbox"/> String Trimmers <input type="checkbox"/> Chippers <input type="checkbox"/> Trenchers <input type="checkbox"/> Stump Cutters <input type="checkbox"/> Loaders <input type="checkbox"/> Bobcats <input type="checkbox"/> Boom Lifts <input type="checkbox"/> Cranes <input type="checkbox"/> Cherry Pickers	
Condition of equipment? <input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Average	Are all equipment operators trained/ certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Personal protection equipment (PPE) provided by employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What types of PPE?	
Is there strict enforcement of PPE utilization? <input type="checkbox"/> Yes <input type="checkbox"/> No	

LANDSCAPING RISK EXPOSURES

INDICATE % OF WORK IS CONDUCTED IN EACH OF THE FOLLOWING OPERATIONS (MUST EQUAL 100% FOR EACH):

Maintenance	%	Construction / Installation	%	Other (please identify)	%
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If you do construction/installation, what percentage is new construction?	%	What percentage is remodel?	%
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What % of your labor involves hardscaping?	%
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What is the maximum height (feet off the ground) at which you will work?
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What equipment is used? <input type="checkbox"/> Ladder <input type="checkbox"/> Scaffolding <input type="checkbox"/> Scissor Lifts <input type="checkbox"/> N/A
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What specific tasks are completed while using ladders/scaffolding/lifts?
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Do you have a Written Fall Protection Program? <input type="checkbox"/> Yes <input type="checkbox"/> No

Any highway or median work conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, percentage of payroll? _____ %
If yes, please provide details (residential? speed zones; traffic volume; safety precautions, etc.):

Any use of pesticides/herbicides requiring licensing? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:

DURING THE NEXT YEAR, DO YOU PROJECT COMPLETING ANY OF THE FOLLOWING TYPES OF WORK?

Trenching deeper than 5 feet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:
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Excavation work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:

Fire prevention services including weed abatement, brush management, debris removal? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:

Reforestation or habitat restoration? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:
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Removal of parasitic vines or mistletoe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:

Set-up of holiday decorations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:

Snow removal operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:

Installation of artificial turf? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:

Installation or removal of boulders greater than 50 pounds? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:
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Installation or removal of trees greater than 15 gals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:

Installation of sprinkler systems (other than repair work)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:
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Sod installation (other than minor repairs)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:

TREE TRIMMING RISK EXPOSURES

Does your operation include tree trimming (other than ground-level pole pruning)? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, percentage of payroll?	%
What is the maximum height of tree trimming operations?			
Percentage of work performed on trees 25 feet to 50 feet:	%	Percentage of work performed on trees above 50 feet:	%
Any climbing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Maximum Climbing Height:		
Number of tree climbers:	Number of ISA Certified Arborists:	Number of TCIA Tree Care Specialists:	
Identify trade association affiliations: <input type="checkbox"/> International Society of Arborists <input type="checkbox"/> Tree Care Industry Association <input type="checkbox"/> Other:			

Additional Explanations / Comments *Please use this space to clarify any answers given, or to provide information regarding other relevant information about your company. This may include changes in your payroll over the years; newly implemented safety programs; details of large or complicated claims; discontinued operations; etc.*

SIGNATURE

Note: All information provided is subject to verification by way of an underwriting survey or inspection. LCIS, Inc. must be notified of any significant change in operations or payroll. Terms of insurance coverage may be cancelled for misrepresentation if information provided is inaccurate.

Signature of applicant	Date
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