

# Landscape Contractors Supplemental Application



AmTrust E&S Insurance Services  
An AmTrust Financial Company

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**Instructions:** All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

## Section I – Applicant Information

Name of Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Website: \_\_\_\_\_  
 State(s) / Area of Operation: \_\_\_\_\_ Licensed for Business in State(s): \_\_\_\_\_  
 Years in Business: \_\_\_\_\_ Contractor License #: \_\_\_\_\_  
 Description of Operations: \_\_\_\_\_

## Section II – Exposure Information

1. Please provide historical receipts, payroll and cost of subcontracted work:

Year	Annual Gross Receipts	Employee Payroll	Subcontractor Costs
5th Prior Year	\$	\$	\$
4th Prior Year	\$	\$	\$
3rd Prior Year	\$	\$	\$
2nd Prior Year	\$	\$	\$
Current Year	\$	\$	\$
Projected Next 12 months	\$	\$	\$

## Section III – Description of Operations

1. Please indicate the payroll and receipts for each of the following:

Operation	Payroll	Receipts
Landscaping	\$	\$
Lawn Care Service (maintenance, mowing, fertilizing, etc.)	\$	\$
Tree Pruning, Dusting, Spraying, Trimming or Fumigating	\$	\$
Snow or Ice Removal	Residential	\$
	Commercial - Retail	\$
	Commercial - Other	\$
	Public Street & Roads	\$
Tree/Stump Removal	\$	\$
Pesticide and Herbicide Application	\$	\$
Highway or Utility Right-of-Way Maintenance	\$	\$
Other – Please describe: _____	\$	\$
<b>Total:</b>	<b>\$</b>	<b>\$</b>

2. Do you or have you ever performed, directly or through a subcontractor, any of the following work?

- a. Airport:  Yes  No
- b. Agricultural Crop Spraying:  Yes  No

### Section III – Description of Operations (continued)

- c. Automatic Sprinkler/Fire Suppression (indoor):  Yes  No
- d. Environmental Remediation:  Yes  No
- e. Equipment Rental without Operators:  Yes  No
- f. Fire/Water Damage Restoration:  Yes  No
- g. Logging:  Yes  No
- h. Work in the state of New York:  Yes  No

3. Please provide number of employees in each category:  
 Owner(s) Only \_\_\_\_\_ Other than Clerical \_\_\_\_\_ Clerical \_\_\_\_\_  
 Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Leased \_\_\_\_\_ Other: Describe: \_\_\_\_\_

4. Please provide the percentage of work in each category:  
 Residential \_\_\_\_\_ Commercial: \_\_\_\_\_ Other: \_\_\_\_\_

- 5. Does applicant contact utilities to locate underground utilities before commencing work?  Yes  No
  - a. What locate service does your firm use to identify underground exposures? \_\_\_\_\_
  - b. Do you keep records of calls and diary for relocates?  Yes  No
  - c. Do you use either still or video cameras to document located lines prior to digging?  Yes  No
- 6. Does the applicant use any explosives?  Yes  No
- 7. Any grading of land or excavation work done?  Yes  No
- 8. Is any landscaping or tree removal performed alongside medians, street, roads, interstates or highways?  Yes  No
- 9. Do you perform utility line clearance work?  Yes  No
- 10. Do you perform any out-of-state storm clean-up work?  Yes  No
- 11. Does your firm own or operate a construction and debris landfill?  Yes  No
- 12. Does the applicant have any other business ventures for which coverage is not requested?  Yes  No

**If YES, provide details:**

### Section IV – Past Projects

1. Describe the five (5) largest jobs undertaken in the past three (3) years:

Project Description	Location (City, State)	Cost	Duration
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	

### Section V – Snow & Ice Removal

- 1. Is the applicant involved in the removal of snow and ice? If YES, check off all appropriate responses:
  - a. Commercial business?  Yes  No
  - b. Condominium, townhouse or similar associations?  Yes  No
  - c. Apartment complexes?  Yes  No
  - d. Residential customers (private residential homes)?  Yes  No
  - e. Governmental entities?  Yes  No
  - f. Public Streets or Roads?  Yes  No

2. Does the applicant perform snow removal services for any major retail operations?  Yes  No

Examples: Wal-Mart, Lowe's, Home Depot, Shopping Centers, etc.

Indicate firms: \_\_\_\_\_

## Section V – Snow & Ice Removal (continued)

3. Does your firm have a written standardized contract or agreement for the services performed?  Yes  No  
**If YES, does the agreement have a hold harmless clause in your firm's favor?**  Yes  No
4. Do you carry Commercial Auto Liability on all trucks used in snow plowing?  
If YES, state name of carrier : \_\_\_\_\_ Limits of Liability: \$ \_\_\_\_\_  
Is snow plowing excluded from your commercial automobile policy?  Yes  No

## Section VI – Chemical Application Exposures

1. Does the applicant use pesticides or herbicides?  Yes  No  
**If YES, please answer the following:**
- a. Are they EPA approved?  Yes  No
  - b. What is the percentage of operations? \_\_\_\_\_ %
  - c. How are employees trained in handling them? \_\_\_\_\_
  - d. Any algae or plant control in lakes, ponds, rivers and streams?  Yes  No
2. Do you use any "Restricted Use" pesticides or herbicides?  Yes  No  
**If YES, do your employees and/or supervisors have proper EPA licenses?**  Yes  No
3. Are the following safety precautions followed for all applications?  Yes  No
- a. Occupants are notified verbally  Yes  No
  - b. Post-application flagging and/or placarding of property  Yes  No
4. Have you ever been involved in a pollution suit?  Yes  No
5. Does the insured maintain the following records for at least two (2) years?  Yes  No
- a. Location of pesticide application  Yes  No
  - b. Date, time and weather conditions at time of application  Yes  No
  - c. Trade name, EPA registration number and amount of pesticide applied  Yes  No
  - d. Type, amount, location and method of pesticide disposal  Yes  No

## Section VII – Liability Controls / Risk Transfer

1. Does the risk have a formal written quality control program?  Yes  No
2. Do you have an equipment maintenance program in place?  Yes  No
3. Does all equipment used have guards in place to protect others from flying rocks and debris?  Yes  No
4. Does applicant subcontract work?  Yes  No  
**If YES, please complete the following:**
- a. Annual subcontracted costs: \$ \_\_\_\_\_
  - b. Type of work subcontracted: \_\_\_\_\_
  - c. Are Certificates of Insurance required from all subcontractors?  Yes  No
  - d. Do you require subcontractors to name you as additional insured?  Yes  No
  - e. Are subcontractors required to carry at least \$1,000,000 occurrence /\$2,000,000 aggregate?  Yes  No
5. Does the risk use written subcontractor agreements?  Yes  No  
**If YES, please indicate type:**
- Standard (AGC, AIA contracts)  Custom  Other: \_\_\_\_\_
6. Does the risk have a landscape architect on staff?  Yes  No  
**If YES, does the risk carry professional liability insurance?**  Yes  No  
**If NO, does the risk require that the landscape architect carry his/her own professional liability insurance?**  Yes  No

## Section VIII – Loss/Claim History

1. Does the applicant have any knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against any named in the application?  Yes  No

**If YES, please describe:**

2. Has the risk ever been named in claims and/or litigation regarding faulty or defective construction or workmanship, including claims due to subsidence issues?  Yes  No

**If YES, please describe:**

3. Has the applicant ever been accused of breaching a contract in the past five (5) years?  Yes  No

**If YES, please describe:**

4. Has the applicant been fired or replaced on a job in progress in the past three (3) years?  Yes  No

**If YES, please describe:**

5. Are there any claims or legal actions pending against any active, inactive or dissolved entities in which you have had a controlling interest?  Yes  No

**If YES, please describe:**

6. Has the applicant ever had a lapse in GL coverage?  Yes  No

**If YES, please describe:**

## Fraud Warning

**Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.**

**ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

**COLORADO:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

**FLORIDA and OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

**KANSAS:** An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OREGON:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**TENNESSEE and WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

## Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

### Applicant:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.**

Name of Producing Agency: \_\_\_\_\_

Signature of Producing Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY**