

# Lawn Care Supplemental Application



AmTrust E&S Insurance Services  
An AmTrust Financial Company

\*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

**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 – Eligibility Criteria

1. The owner has been in business for the past three (3) years  True  False
2. No ice or snow treatment/removal services provided  True  False
3. No operations involving painting, carpentry, plumbing or other “handyman” operations  True  False
4. No swimming pool or pond installation, service or repair  True  False
5. No erosion control operations  True  False
6. No exterior operations in excess of one (1) story, such as tree trimming & removal and gutter cleaning  True  False
7. No sprinkler installation operations except for incidental damage repair  True  False
8. No highway or utility right-of-way maintenance work  True  False

## Section III – Exposure Date & Exposures

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

|                          | 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 | \$                    | \$               | \$                  |

2. Please provide number of employees in each category:

Owner(s) Only: \_\_\_\_\_ Other than Clerical: \_\_\_\_\_ Clerical: \_\_\_\_\_  
 Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Leased: \_\_\_\_\_ Other: \_\_\_\_\_ Describe: \_\_\_\_\_

## Section IV – Description of Operations

1. Please enter the percentage of your operations that fall into the following categories:

\_\_\_\_\_ % Lawn Maintenance (lawn cutting, trimming)  
\_\_\_\_\_ % Landscape Gardening (installation of plants, trees, shrubs, mulch application, pruning & trimming)  
\_\_\_\_\_ % Lawn Fertilization, Weed Control, Insect Control  
\_\_\_\_\_ % Tree & Shrub Fertilization, Weed Control, Disease, Insect Control  
\_\_\_\_\_ % Other: Please describe: \_\_\_\_\_

2. Please provide the percentage of work in each category:

Residential \_\_\_\_\_ % Commercial \_\_\_\_\_ % Other: \_\_\_\_\_

3. Does the applicant have any other business ventures for which coverage is not requested?  Yes  No
4. Has the applicant ever worked for a residential developer?  Yes  No
5. Has the applicant ever worked for a municipality or other governmental agency?  Yes  No
6. Do you perform utility line clearance work?  Yes  No
7. Is any landscaping or tree removal performed alongside medians, streets, roads, interstates or highways?  Yes  No
8. Does the applicant complete any site preparation, including rough and finish grading?  Yes  No
9. Any current or past involvement with wrap-up/OCIP?  Yes  No

**If YES, please provide details:**

10. Does the applicant have any equipment licensed for over-the-road use?  Yes  No

**If YES, please provide details:**

11. Does the applicant sell, lease, loan or rent equipment to others?  Yes  No

**If YES, please provide details:**

12. 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? \_\_\_\_\_

13. 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

14. Are the following safety precautions followed for all applications?

- a. Occupants are notified verbally  Yes  No
- b. Post application flagging and/or placecarding of property  Yes  No

15. Have you ever been named in claims/or litigation regarding faulty or defective construction or workmanship?  Yes  No

**If YES, please provide details:**

16. Have you ever been involved in a pollution suit?  Yes  No

## Section V – Liability Controls / Risk Transfer

1. Do you have an equipment maintenance program in place?  Yes  No
2. Does all equipment used have guards in place to protect others from flying rocks and debris?  Yes  No
3. Does applicant contact utilities to locate underground utilities before commencing work?  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 primary limits equal to or greater than insureds?  Yes  No
5. Do you have Workers' Compensation coverage in force?  Yes  No

## Section VI – 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. 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:**

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. Has the applicant ever been named in litigation regarding faulty construction in the past eight (8) years?  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**