

## LANDSCAPERS PROGRAM APPLICATION - General Liability

### APPLICANT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Contractor License Number (if required) \_\_\_\_\_

Policy Term: \_\_\_\_\_

Business Description:  Individual  Partnership  Corporation  Other \_\_\_\_\_

Limits Requested: Occurrence \_\_\_\_\_ Personal Injury/Advertising \_\_\_\_\_

General Aggregate \_\_\_\_\_ Medical Payments \_\_\_\_\_

Products/Comp Ops Aggregate \_\_\_\_\_ Fire Legal \_\_\_\_\_

Property Damage Extension (Care, Custody and Control) \_\_\_\_\_

Estimated annual payroll \$ \_\_\_\_\_ Estimated annual receipts \$ \_\_\_\_\_

Years in business \_\_\_\_\_ Average number of employees \_\_\_\_\_

Years experience \_\_\_\_\_ Percentage use of part-time employees \_\_\_\_\_%

Use of subcontractors \_\_\_\_\_% (Note: Subcontractors must provide certificates of general liability & workers' compensation insurance)

Describe applicant's operations (all operations must be eligible in order to qualify for this program) \_\_\_\_\_

Landscaping, Lawn Care \_\_\_\_\_% Residential \_\_\_\_\_% Commercial \_\_\_\_\_% Other \_\_\_\_\_

Percentage of tree trimming and nursery work to total revenue \_\_\_\_\_%

Pesticides, herbicides used? \_\_\_\_\_ Any fumigating, spraying? \_\_\_\_\_

Any landscape architectural work? \_\_\_\_\_ Owners & Contractors Protective? \_\_\_\_\_

Largest job (sales) \$ \_\_\_\_\_ Typical job (sales) \$ \_\_\_\_\_

Describe any use of cranes or heavy equipment \_\_\_\_\_

Workers' Compensation insurer and policy number \_\_\_\_\_

### THREE YEAR LOSS EXPERIENCE

Date

Losses (description and amounts paid and incurred)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_