



## LANDSCAPE CONTRACTORS QUESTIONNAIRE (06/05)

Necessary Information:

1. This application.
2. 4 years of loss history obtained from prior insurance carriers.
3. Vehicle titles or registrations.

All questions must be answered completely.

If the answer to any question is unknown, please write UNKNOWN

If the answer to any question is NONE or Not Applicable, please write NONE or N/A.

\*\*\*\*\*

1. Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Website: \_\_\_\_\_

- Applicant is:
- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Individual  | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Joint Partnership         |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Other _____               |

Year Current Business Established: \_\_\_\_\_

Previous business names: \_\_\_\_\_

State(s) in which you do business: \_\_\_\_\_

Federal Tax ID No.: \_\_\_\_\_ Registrar of Contractors #: \_\_\_\_\_

2. Description of Operations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Indicate the percentage of construction activities you contract for:  
(Each column must add up to 100%)

New Installation:           %	Commercial:               %	Inside Building:           %
Maintenance:           %	Residential:               %	Outside Building:       %
Other:                   %		
<b>Total:                   100%</b>	<b>Total:                   100%</b>	<b>Total:                   100%</b>

# Liability Payroll Breakdown

State	Location*	Class	Description	Number of Employees	Estimated Annual Payroll
		97050	Lawn Care Services		\$
		97047	Landscape Gardening		\$
		99777	Tree Trimming & Care		\$
		98482	Plumbing-Commercial		\$
		98483	Plumbing-Residential		\$
					\$
					\$
* If you have more than one location, note each location					

Class Explanations: Lawn Care Services: cleaning, mowing, and edging of lawns, including removal of leaves and the application of over the counter herbicides/pesticides. Landscape Gardening: laying out grounds, planting trees, shrubs, and flowers and providing interior landscape services. Tree Trimming: trimming, cropping, repairing trees. Excavation: Trenching, backfilling for other than plants.

Do you install irrigation or sprinkler systems without also installing the plants?  Yes  No

Is the owner active in the field beyond a supervisory role?  Yes  No

# Receipts Breakdown

State	Location*	Class	Description	Estimated Receipts
				\$
		15699	Nursery Garden (If Applicable)	\$
		91581	Subcontracted Costs	\$
				\$
				\$
* If you have more than one location, note each location				

# Auto Schedule

Veh. #	Year	Make	Model	Description	VIN	Garage Location (zip code)	Cost New	Gross Vehicle Weight	Personal Use?	Radius of Operations *
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										

\* Radius of Operations: <15, 15-50, 50-200, or >200  
 Legible copies of vehicle/trailer titles or current registrations are required by carrier.

# Driver Schedule

Driver #	Last Name of Driver	Middle Initial	First Name of Driver	Date of Birth	License Number	License State
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

# Equipment Schedule

Total combined Actual Cash Value of tools/equipment under \$1000 each? \$ \_\_\_\_\_

Value of Installation Floater (for materials on location to be installed)? \$ \_\_\_\_\_

*Schedule any items greater than \$1000 below, or attach separate sheet.*

Equip. #	Description	Make	Type	Year	Serial Number	Actual Cash Value	Date Purchased
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

**STATEMENT OF EXPOSURES – PROPERTY**

**DATE:** \_\_\_\_\_

Description and Address of Properties (Examples: Main Office, Warehouse, Workshop, yard, etc.)			
Value of Buildings			
Business Personal Property (Value of Furniture, Fixtures & Equipment)			
Computer Equipment Values			
Value of Stock	Indoors _____ Outdoors _____ Fenced <input type="checkbox"/> Yes <input type="checkbox"/> No	Indoors _____ Outdoors _____ Fenced <input type="checkbox"/> Yes <input type="checkbox"/> No	Indoors _____ Outdoors _____ Fenced <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Income Extra Expense	Annual _____ Rents _____ Revenues	Annual _____ Rents _____ Revenues	Annual _____ Rents _____ Revenues
Area (Footprint Size of Building)			
Central Station Alarm	Burglar: <input type="checkbox"/> Yes <input type="checkbox"/> No Fire: <input type="checkbox"/> Yes <input type="checkbox"/> No Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Burglar: <input type="checkbox"/> Yes <input type="checkbox"/> No Fire: <input type="checkbox"/> Yes <input type="checkbox"/> No Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Burglar: <input type="checkbox"/> Yes <input type="checkbox"/> No Fire: <input type="checkbox"/> Yes <input type="checkbox"/> No Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No
Alarm Company Name			
Construction of Building (ex: wood, masonry)			
Number of Stories			
Year Built			
Building Improvements  (Year Completed and % of Building Updated)	_____ Wiring Year _____% _____ Roofing Year _____% _____ Plumbing Year _____% _____ Heating and Air Conditioning Year _____% _____ Other _____%	_____ Wiring Year _____% _____ Roofing Year _____% _____ Plumbing Year _____% _____ Heating and Air Conditioning Year _____% _____ Other _____%	_____ Wiring Year _____% _____ Roofing Year _____% _____ Plumbing Year _____% _____ Heating and Air Conditioning Year _____% _____ Other _____%
Titled Owner/Lessor and Address			



Yes No


**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 below.

**CLASSIFICATION**

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

- Plant, remove, trim shrubs
- lawn care
- spa installation
- Prepare arid grade ground
- install sod
- lighting installation
- pesticide/herbicide application
- sod farm
- drainage repair and installation
- build and repair fences, walls
- retail nursery
- swimming pool construction
- replace and repair walkways
- tree farm
- Irrigation system Installation
- cement, concrete, tile work
- tree trimming
- gazebos, deck installation
- nursery (own inventory)
- tree planting
- other: \_\_\_\_\_
- excavation or trenching
- farming
- other: \_\_\_\_\_

**EMPLOYEES**

Employee hiring includes  application  background check  MVR

Casual labor employed?

--	--

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? If "no", explain safety practices below.

--	--

\_\_\_\_\_

Subcontractors used?

Certificates of insurance obtained from subcontractors?


Limits required on certificates of insurance  \$500,000  \$1,000,000  More

Applicant named as additional insured on subcontractors' policies?

--	--

Completer: \_\_\_\_\_ Date: \_\_\_\_\_



## COMMERCIAL AUTOMOBILE UNDERWRITING/PRICING DOCUMENTATION

Completer
-----------

ACCOUNT NAME: \_\_\_\_\_

### 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**


### EMPLOYEES

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

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: \_\_\_\_\_

--	--

### 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?


### 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:
  - Driver monitoring program (eg., BIT PULL, 1-800 How's My DrMng)
  - Road observations by company management
  - Complaints received from motorists
  - Other: \_\_\_\_\_


### DISPERSION OR CONCENTRATION OF VALUES

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


**LANDSCAPE CONTRACTOR QUESTIONNAIRE (UMBRELLA)**

- 1) Landscape Construction \_\_\_\_\_%      Landscape Maintenance \_\_\_\_\_%  
Residential (including HOAs) \_\_\_\_\_%      Commercial \_\_\_\_\_%
- 2) Tree Trimming or Removal other than incidental to landscape maintenance?  
\_\_\_\_\_
- 3) Describe any Freeway or Highway work:  
\_\_\_\_\_  
\_\_\_\_\_
- 4) Spraying for Weed or Pest Control? \_\_\_\_\_ (Y/N) Licensed Applicator on staff? \_\_\_\_\_
- 5) Equipment rented to others? \_\_\_\_\_
- 6) Certificates required from Subs? \_\_\_\_\_ Additional Insured Endorsement? \_\_\_\_\_
- 7) Erosion Control Operations? \_\_\_\_\_ Build retaining walls? \_\_\_\_\_ Professional design and engineering required ten retaining walls built? \_\_\_\_\_
- 8) Swimming Pool Construction? \_\_\_\_\_ Please describe including what work the insured performs, what is subbed out and what Risk Transfers are required. If a pool is a part of a landscape Project, does the insured **sub** out to a Swimming Pool Contractor? \_\_\_\_\_  
\_\_\_\_\_
- 9) Are MVRS checked before hiring employees who will drive? \_\_\_\_\_ What is the criteria for an acceptable driver? \_\_\_\_\_  
\_\_\_\_\_
- 10) If a Loss Control Report is not available detailing the insureds operations, please use this space to fully detail the activities and services provided by insured. For example, mow and blow, hydroseeding, Tree service, arborist, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_