

Agency Name:
 Address:
 Contact Name:
 Phone:
 Fax:
 Email:



Lawn Landscape and Tree Services Supplemental Application

Supplemental Application to accompany fully completed ACORD application or its equivalent. All questions must be answered in full.
 All Applications must be signed and dated by the applicant.

APPLICANT'S NAME AND MAILING ADDRESS	AGENT / PRODUCER INFORMATION
_____ _____ _____ BUSINESS NAME OR TRADING NAME: _____ PROPOSED POLICY PERIOD: _____ TO: _____	_____ _____ APPLICANT'S PHONE NUMBER: _____ APPLICANT'S WEB ADDRESS: _____ INSPECTION CONTACT: _____ CONTACT PHONE NUMBER: _____
APPLICANT IS: <input type="checkbox"/> INDIVIDUAL (INCLUDE DATE OF BIRTH): _____ <input type="checkbox"/> PARTNERSHIP (INCLUDE DATES OF BIRTH): _____ <input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE OR <input type="checkbox"/> OTHER _____ Years in business: _____ Years of Experience in this field: _____	

SERVICES AND OPERATIONS

**PROVIDE DETAILED DESCRIPTION OF ALL YES ANSWERS IN THE NOTES SECTION BELOW

1. **List of Services Performed and % of Operations by employees (E) or Subcontractors (S):** (Check all that apply)
- | | (E) | (S) | | (E) | (S) |
|---|-----|-----|---|-----|-----|
| <input type="checkbox"/> Controlled Burns for Fire Mitigation | % | % | <input type="checkbox"/> Snow Removal | % | % |
| <input type="checkbox"/> Excavation below frost line | % | % | <input type="checkbox"/> Parking Lot/Driveway | % | % |
| <input type="checkbox"/> Fumigation/Application of defoliants | % | % | <input type="checkbox"/> Streets/Roads/Highways | % | % |
| <input type="checkbox"/> Highway Right of Ways | % | % | <input type="checkbox"/> Sprinkler Installation | % | % |
| <input type="checkbox"/> Land Clearing | % | % | <input type="checkbox"/> Commercial | % | % |
| <input type="checkbox"/> Landscape Design no Installation | % | % | <input type="checkbox"/> Residential | % | % |
| <input type="checkbox"/> Landscape Design with Installation | % | % | <input type="checkbox"/> Stone or Masonry Work | % | % |
| <input type="checkbox"/> Lawn Care Services | % | % | <input type="checkbox"/> Tree Relocation (see equipment Type) | % | % |
| <input type="checkbox"/> Retaining Wall Construction | % | % | <input type="checkbox"/> Tree Removal/Trimming | % | % |
| <input type="checkbox"/> Commercial | % | % | <input type="checkbox"/> Tree Girdling or Grafting | % | % |
| <input type="checkbox"/> Residential | % | % | <input type="checkbox"/> Utility Right of Way Clearing | % | % |
| Maximum Height of Wall Structure | | ft | <input type="checkbox"/> Vineyard/Orchard/Crop Services | % | % |
2. **List of Equipment Owned or Operated by employees (E) or Subcontractors (S):** (Check all that apply)
- | | (E) | (S) | | (E) | (S) |
|--|------------------------------|-----------------------------|--|--------------------------|--------------------------|
| <input type="checkbox"/> Aerial Lift | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Scissor Lift | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Articulating Boom Truck | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Tree Spade | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Cherry Picker/Man Lift | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Truck Mounted | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Crane | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Loader spade attachment | <input type="checkbox"/> | <input type="checkbox"/> |
| Maximum length: Boom: | | Jib: | <input type="checkbox"/> Pod Trailer | <input type="checkbox"/> | <input type="checkbox"/> |
| Maximum Weight | | Reach | Maximum tonnage hauled OTR | | |
| Any work requiring lifts over structures | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Maximum Distance Traveled | | |

3. **Percentage of Work Performed for the following type of categories in the next twelve months:** (Complete all that apply)

	New Construction	Service/Maintenance Only
<input type="checkbox"/> Condominium or Townhouses	%	%
<input type="checkbox"/> Multi-Family Residential Planned Community	%	%
<input type="checkbox"/> Apartment	%	%
<input type="checkbox"/> Individual Single-Family	%	%
<input type="checkbox"/> Tract Housing	%	%
<input type="checkbox"/> Commercial/Industrial Parks		

4. **Percentage of work for the following type of categories performed in the past five (5) years:** (Complete all that apply)

	New Construction	Service/Maintenance Only
<input type="checkbox"/> Condominium or Townhouses	%	%
<input type="checkbox"/> Multi-Family Residential Planned Community	%	%
<input type="checkbox"/> Apartment	%	%
<input type="checkbox"/> Individual Single-Family	%	%
<input type="checkbox"/> Tract Housing	%	%
<input type="checkbox"/> Commercial/Industrial Parks	%	%

5. Have you ever been involved in a Construction Defect case within the past five (5) years? Yes No

OTHER INSURANCE – PROFESSIONAL LIABILITY

1. Do you have any professional designations or degrees (If yes, list below): Yes No

2. Do you maintain separate Professional Liability Coverage (If yes, list below): Yes No

PROFESSIONAL LIABILITY - NAME OF CARRIER (IF APPLICABLE)	LIMITS OF INSURANCE	POLICY TERM	RETRO-DATE (IF ANY)
		to	

STAFF TRAINING AND EXPERIENCE

1. Are all employees at least 18 years of age?..... Yes No

2. Employee workforce: Seasonal ___% Full-Time ___% Part-Time ___%

3. Average length of employment: _____

4. How often are safety meetings conducted: _____

5. Are all employees trained in the operation of all machinery or material handling equipment: Yes No

6. Do you maintain work comp including coverage for volunteer or casual labor: Yes No

7. Does your Subcontractor Agreement specify minimum insurance limit requirements: Yes No N/A

Commercial General Liability: _____
 Commercial Auto: _____
 Workers Compensation: _____

ADDITIONAL EXPOSURES

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT – FOR THE STATE(S) OF:

Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:

NOTICE: Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:

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 and may be subject to fines and confinement in prison.

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony

Kansas

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 commercial or personal 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 commits a fraudulent insurance act.

Kentucky

Application Forms: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine, Tennessee, Virginia, 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, or a denial of insurance benefits.

Massachusetts, Nebraska, Vermont:

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

New Jersey

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

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 and may be subject to civil fines and criminal penalties.

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 an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

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 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 subjects such person to criminal and civil penalties.

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Producer's Signature Date Applicant's Signature Date