

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

## LAWN CARE, LANDSCAPE AND TREE TRIMMERS SUPPLEMENTAL

(Complete in addition to ACORD Application)

Prop	osed First Named Insured & Other	er Named Insured(s):				
Loca	tion Address Street	City	County	State	ZIP Code	
DIIG	INESS INFORMATION					
<u>воз</u>	Number of years' experience:					
1. 2.	Indicate the payroll associated v	with each category:				
۷.	a. Landscaping including gradir	• •	villeidae with elan	a lose than 20	)% \$	
	b. Excavation on hillsides with s	•	illisides with slop	e less than 20	\$	
	c. Lawn care (mowing, trimming				\$ \$	
	d. Mowing of right-of-ways (other				\$	
	e. Retaining wall construction	i tilaii iligiiway)			\$	
	f. Sprinkler system installation				\$	
	g. Growing and/or selling plants	trees shrubs or sod	and/or garden su	innlies	\$	
	h. Tree trimming, pruning, remo		ana, or gardon oc	ф	\$	
	i. Fumigation, crop dusting or a				\$	
	j. Other – explain:	1 7 5			\$	_
3.	Do your operations include any	of the following:	Yes	No	•	
	a. Equipment rental or leasing t	•	tors			
	b. Use of explosives					
	c. Tree surgeon					
	d. Manufacturing or blending of	any chemicals				
	e. Sales of any chemicals					
	f. Logging					
	g. Other					
	Describe:					
4.	Maximum height you will work:					
5.	Types of equipment utilized with	tree trimming operation	ons:			
6.	Indicate percentage of your tota	of your total payroll during the past year for the following: (Total 100%)				
	a. Commercial or Industrial wo	rk				%
	b. Agricultural work					%
	c. Condominiums (under 14 ur	its) or HOA/Apartmen	ts			%
	d. Condominiums (over 14 uni	s) or HOA/Apartments	5			%
	e. Tract housing					%
	f. Single family homes					%

IMPORTANT	NOTICE
DECLARATIO	N

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

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

SIGNATURES					
Applicant Signature	Title	Date			
Producer Signature	Date				
Producer Name and Address					