



LAWN CARE, LANDSCAPE AND TREE TRIMMERS SUPPLEMENT

(Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

1.	Number of years' experience as a contractor:				
2.	# of Owners:		Gross Sales: \$		
3.	# of Employees:		Employee Payroll: \$		
4.	Receipts for previous three years:				
	Year 20	\$	Year 20	\$	Year 20
					\$
5.	Indicate the payroll associated with each category:				
	a.	Landscaping including grading and excavation on hillsides with slope less than 20%			\$
	b.	Excavation on hillsides with slope more than 20%			\$
	c.	Lawn care (mowing, trimming, fertilizing, etc.)			\$
	d.	Mowing of right-of-ways (other than highway)			\$
	e.	Retaining wall construction			\$
	f.	Sprinkler system installation			\$
	g.	Growing and/or selling plants, trees, shrubs or sod and/or garden supplies			\$
	h.	Tree removal, pruning, trimming, or repairing			\$
	i.	Fumigation			\$
	j.	Crop dusting or other types of spraying, including aerial spraying			\$
	k.	Snow removal and/or Salting operations			\$
	l.	Other – explain:			\$
6.	Indicate percentage of your total payroll during the past year for the following:				(Total 100%)
	a.	Commercial or Industrial work			%
	b.	Agricultural work			%
	c.	Condominiums (under 14 units) or HOA/Apartments			%
	d.	Condominiums (over 14 units) or HOA/Apartments			%
	e.	Tract housing			%
	f.	Single family homes			%
7.	Do your operations include any of the following:		Yes	No	
	a.	Equipment rental or leasing to others without operators	<input type="checkbox"/>	<input type="checkbox"/>	
	b.	Use of explosives	<input type="checkbox"/>	<input type="checkbox"/>	
	c.	Tree surgeon	<input type="checkbox"/>	<input type="checkbox"/>	
	d.	Manufacturing or blending of any chemicals	<input type="checkbox"/>	<input type="checkbox"/>	
	e.	Sales of any chemicals	<input type="checkbox"/>	<input type="checkbox"/>	
	f.	Logging	<input type="checkbox"/>	<input type="checkbox"/>	
	g.	Crop dusting or aerial spraying	<input type="checkbox"/>	<input type="checkbox"/>	
	h.	Snow removal and/or Salting operations	<input type="checkbox"/>	<input type="checkbox"/>	
	i.	Tree felling (cutting down trees)	<input type="checkbox"/>	<input type="checkbox"/>	
		If Yes, are tree felling operations completed by employees?	<input type="checkbox"/>	<input type="checkbox"/>	
	j.	Other	<input type="checkbox"/>	<input type="checkbox"/>	
		Describe:			

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8. Do you use cranes, aerial lifts, or buckets? Yes No
9. Maximum height you will work:
-
10. Types of equipment utilized with tree trimming operations:
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FRAUD STATEMENTS

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

LOUISIANA and 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 include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE

DECLARATION

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
