

Landscaping General Liability Application

Applicant's Name _____
 Mailing Address _____

Agent Name _____
 Address _____

PROPOSED EFFECTIVE DATE:

From _____ To _____
 12:01 A.M., Standard Time at the address of the Applicant.

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

LIMITS OF LIABILITY REQUESTED

General Aggregate		\$
Products and Completed Operations Aggregate		\$
Personal and Advertising Injury		\$
Each Occurrence		\$
Fire Damage (any one fire)		\$
Medical Expense (any one person)		\$
Property Damage Extension (CCC)	Occurrence	\$
	Aggregate	\$
Other		\$
Other		\$
Deductible (\$500 minimum)		\$

LOCATION OF OPERATIONS

Street Address and City	State
1. <input type="checkbox"/> Same as mailing address	
2.	
3.	

- 1. How long has applicant been in business?** _____ years Full-time Part-time
- 2. Does applicant use pesticides or herbicides?** Yes No
 If yes, are they EPA approved?..... Yes No
 How are employees trained in handling: _____

3. Does applicant subcontract work? Yes No

If yes: Annual subcontract cost: \$ _____

Type of work subcontracted: _____

Are Certificates of Insurance obtained? Yes No

DESCRIPTION OF OPERATIONS

Operation		Payroll	Receipts
Landscaping		\$	Not Applicable
Lawn servicing (mowing, fertilizing, etc.)		\$	Not Applicable
Snowplowing	Residential	\$	\$
	Commercial—Retail	\$	\$
	Commercial—Other	\$	\$
	Streets and Roads	\$	\$
Tree work		\$	Not Applicable
Fumigation, crop dusting or aerial spraying		\$	Not Applicable
Highway or utility right-of-way maintenance		\$	Not Applicable
Sales of commercial fruit trees and/or seeds		Not Applicable	\$
Other—Please describe		\$	\$
Total Payroll (excluding snowplowing)		\$	Not Applicable

EMPLOYEE DATA

Category	Number
Owner(s) only	
Other than clerical:	
Full-time	
Part-time	
Leased	
Total	

During the past three years has any company ever canceled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri)..... Yes No
 If yes, please explain: _____

PRIOR INSURANCE HISTORY See loss run attached

Year	Company	Policy No.	Premium	Paid Losses	Reserved Losses	Loss Description

ADDITIONAL INSURED INFORMATION

Name	Address

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF 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.

FRAUD WARNING:

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.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION OR AUDIT: _____

— 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.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"