

Landscape Professionals Supplemental Questionnaire

Account Name:

1 GENERAL INFO

Number of years in business:				
Number of years of business management experience:				
Contractors license number(s):				
Certifications and designations held by owners(s):				
Has this firm ever filed for bankruptcy?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Estimate for next 12 months:				
Number of active owners	Number of Employees	Employee Payroll	Subcontractor Cost	Gross Sales
List all trade association memberships				

2 LIABILITY EXPOSURES

Total work	Percentage breakdown per subtype				
% Commercial	Commercial	Installation	%	Maintenance	%
% Residential	Residential	Installation	%*	Maintenance	%
% Industrial	Industrial	Installation	%	Maintenance	%

*Residential Installation work (if performed):	
Custom Single-Family:	%
Multi-Unit including Apartments, Condos, Townhomes:	%
Tract Housing and Large Developments:	%

Operations (check if performed):

<input type="checkbox"/> Planting and/or removal shrubs	<input type="checkbox"/> Excavation or trenching	<input type="checkbox"/> Crop spraying
<input type="checkbox"/> Lawn Care	<input type="checkbox"/> Installation of Automatic Sprinklers	<input type="checkbox"/> Equipment rental
<input type="checkbox"/> Pesticide/Herbicide Application	<input type="checkbox"/> Hardscape	<input type="checkbox"/> Interior Landscaping
<input type="checkbox"/> Sod/Turf Installation	<input type="checkbox"/> Retaining wall installation	<input type="checkbox"/> Logging
<input type="checkbox"/> Tree Trimming	<input type="checkbox"/> Water feature installation	<input type="checkbox"/> Fire Break/Clearing
<input type="checkbox"/> Tree Planting	<input type="checkbox"/> Swimming Pool or Spa Construction	<input type="checkbox"/> Land clearing for developments (other than a specific landscape project)
<input type="checkbox"/> Nursery sales to public	<input type="checkbox"/> Carpentry incl. decks & gazebos	
<input type="checkbox"/> Hydroseeding	<input type="checkbox"/> Drainage system repair/installation	

Risk Transfer (complete if Subcontractors are used)

	Yes	No
Written contract is utilized with all subs	<input type="checkbox"/>	<input type="checkbox"/>
Hold harmless agreement in contract favoring applicant	<input type="checkbox"/>	<input type="checkbox"/>
A/I required of all subs with minimum \$1M/\$2M limits	<input type="checkbox"/>	<input type="checkbox"/>
Waiver of Subrogation required	<input type="checkbox"/>	<input type="checkbox"/>
Primary and Noncontributory wording required	<input type="checkbox"/>	<input type="checkbox"/>

Safety

	Yes	No
Jobsite safety plan exists	<input type="checkbox"/>	<input type="checkbox"/>
Safety training documented	<input type="checkbox"/>	<input type="checkbox"/>
Jobs are preplanned prior to work being done	<input type="checkbox"/>	<input type="checkbox"/>
Quality control check is performed on completed work	<input type="checkbox"/>	<input type="checkbox"/>
Active safety incentive plan exists — If yes, describe:	<input type="checkbox"/>	<input type="checkbox"/>
Dedicated Safety Director on staff — If yes, describe their responsibilities:	<input type="checkbox"/>	<input type="checkbox"/>
Safety meetings held at least weekly	<input type="checkbox"/>	<input type="checkbox"/>
Root-Cause Analysis performed post-accident	<input type="checkbox"/>	<input type="checkbox"/>
Job sites secured from the general public	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors present at job sites	<input type="checkbox"/>	<input type="checkbox"/>
— Supervisors possess OSHA 10 training	<input type="checkbox"/>	<input type="checkbox"/>
— Supervisors possess OSHA 30 training	<input type="checkbox"/>	<input type="checkbox"/>
Personal Protective Equipment worn by all workers	<input type="checkbox"/>	<input type="checkbox"/>

Employees

	Yes	No
Pre-hire drug test	<input type="checkbox"/>	<input type="checkbox"/>
Random drug testing after hire	<input type="checkbox"/>	<input type="checkbox"/>
Casual labor employed	<input type="checkbox"/>	<input type="checkbox"/>
Employee hiring practice includes application	<input type="checkbox"/>	<input type="checkbox"/>
Employee hiring practice includes background check	<input type="checkbox"/>	<input type="checkbox"/>



3 AUTO

Safety Management

	Yes	No
Written Safety Program enforced at company	<input type="checkbox"/>	<input type="checkbox"/>
Safety meetings held — If yes, how often? Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Driver Training Program in effect	<input type="checkbox"/>	<input type="checkbox"/>
Written vehicle take-home policy	<input type="checkbox"/>	<input type="checkbox"/>
GPS fleet telematics devices utilized — Check all that apply: Plug-in <input type="checkbox"/> Hard-wired <input type="checkbox"/> Mobile phone <input type="checkbox"/> Other <input type="checkbox"/> — Percentage of vehicles equipped with telematics: %	<input type="checkbox"/>	<input type="checkbox"/>

Driver Management

	Yes	No
Formal driving policy in place with MVR standards	<input type="checkbox"/>	<input type="checkbox"/>
Formal driving policy communicated in writing to all employees	<input type="checkbox"/>	<input type="checkbox"/>
Signed employee acknowledgement of driving policy required and kept in file	<input type="checkbox"/>	<input type="checkbox"/>
Do driving standards include the following:		
1. No major violations (DUI, Racing, Hit & Run, Speeding in excess of 20 mph, driving & texting)	<input type="checkbox"/>	<input type="checkbox"/>
2. No more than 2 moving violations within past 3 years	<input type="checkbox"/>	<input type="checkbox"/>
3. No more than 1 at-fault accident within past 3 years	<input type="checkbox"/>	<input type="checkbox"/>
Distracted Driver Policy in effect	<input type="checkbox"/>	<input type="checkbox"/>
Regular checking of MVR reports — If yes, how often (check all that apply): Prior to hire <input type="checkbox"/> Annually <input type="checkbox"/> DMV Pull Notice <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does applicant allow new hires to operate vehicles before completing documented driver training?	<input type="checkbox"/>	<input type="checkbox"/>
Do employees drive their personal autos for company business? — If yes:	<input type="checkbox"/>	<input type="checkbox"/>
1. Are the driving standards for these drivers same as all Driver Management answers above?	<input type="checkbox"/>	<input type="checkbox"/>
2. What limits are they required by applicant to carry?		
3. Does applicant collect a copy of their policy annually?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees allowed to take company vehicles home? — If yes, is personal use of the company vehicles allowed — If yes, are family members allowed to drive company vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
Please describe any ongoing training provided to drivers, and/or provide any comments on answers above:		



FRAUD WARNING

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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied.)

IN 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND 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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

IN THE 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.

X

Applicant's Signature

Applicant's Name:

Date Signed:

Agent's Name: