

Landscapers Application

Name _____

Address _____ City, State, Zip _____

Telephone _____ Contractor License Number (if required) _____

Policy Term: _____

Business Description: ___Individual ___Partnership ___Corporation ___Other_____

Limits Requested: Occurrence _____ Personal Injury/Advertising _____

General Aggregate _____ Medical Payments _____

Products/Comp Ops Aggregate _____ Fire Legal _____

Property Damage Extension (Care, Custody and Control) _____

Estimated annual payroll \$ _____ Estimated annual receipts \$ _____

Years in business _____ Average number of employees _____

Years experience _____ Percentage use of part-time employees _____%

Use of subcontractors _____% (Note: Subcontractors must provide certificates of general liability & workers' compensation insurance)

Describe applicant's operations (all operations must be eligible in order to qualify for this program) _____

Landscaping, Lawn Care _____% Residential _____% Commercial _____% Other _____%

Percentage of tree trimming and nursery work to total revenue _____%

Pesticides, herbicides used? _____ Any fumigating, spraying? _____

Any landscape architectural work? _____ Owners & Contractors Protective? _____

Largest job (sales) \$ _____ Typical job (sales) \$ _____

Describe any use of cranes or heavy equipment _____

Workers' Compensation insurer and policy number _____

THREE YEAR LOSS EXPERIENCE

Date

Losses (description and amounts paid and incurred)

Comments _____

Applicant Signature

Producer Name & Address

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL

INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

COVERAGE IS NOT BOUND UNTIL APPROVED BY THE COMPANY