LANDSCAPING GENERAL LIABILITY SUPPLEMENT

(Include Acord 125/126 Applications)

Applicant's Name: _____ Location Address: _____

Mailing Address: _____ _____

_____ _____

Does applicant use pesticides or herbicides? ☐ Yes ☐ No If yes, are they EPA approved? ☐ Yes ☐ No

How are employees trained in handling: _____

Does applicant subcontract work? ☐ Yes ☐ No

If yes, type of work subcontracted: _____

Are certificates of insurance obtained? ☐ Yes ☐ No Annual Subcontract cost: $_____

Are utilities contacted prior to work? ☐ Yes ☐ No

Any repair work offered? ☐ Yes ☐ No

If yes, please describe: _____

Type of equipment: _____

Any loan or rental to others? ☐ Yes ☐ No

Description of Operations

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

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 cancelled, declined or refused to issue similar insurance to the applicant? ☐ Yes ☐ No

If yes, please explain: _____

_____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

_____ _____ _____

Applicant's Signature Producer's Signature Date