
Supplemental Application

Insured: _____

Address: _____

Federal Tax ID # _____ or Owner's Social Security # _____

COMPLETE ALL SECTIONS, EVEN IF COVERAGE IS NOT REQUESTED

1. DESCRIPTION OF OPERATIONS:

Number of Employees: Full Time: _____ (Excluding the owner) Part Time: _____

Briefly describe the owner's day-to-day involvement (i.e. in the field, supervisory only):

	Payroll <i>(Include owner's payroll)</i>	Receipts
Landscape Maintenance <i>(lawn cutting, trimming)</i>	\$ _____	_____
Landscape Construction*	\$ _____	_____

*** Landscape Construction Operations Breakdown must be completed**

If you entered landscape construction payroll above, please provide the **percentage (%)** of constructions operations.
If none, enter 0.

- | | |
|--|--|
| ____ % General Contracting | ____ % Plant Tree Shrub Installation |
| ____ % Home Construction | ____ % Irrigation-Sprinkler System Installation/Repair |
| ____ % Concrete or Cement Work | ____ % Fences-Walls-Decking Building/Repair |
| ____ % Swimming Pool Construction | ____ % Ornamental Pools, Fountains, Spas, Gazebos Installation |
| ____ % Underground Drainage Systems | |
| ____ % Other: Describe & List any other operations not include payroll and receipts: | |

Total: _____ % **Total must = 100%**

		Payroll	Receipts
Tree Work		\$ _____	_____
Spraying of Lawn, Plants, or Trees		\$ _____	_____
Grading of Land		\$ _____	_____
Snow Plowing:			
Residential: private homes	Y /N	\$ _____	_____
Condos, Apartment Complex	Y /N	\$ _____	_____
Public Access Office Dev./Malls	Y /N	\$ _____	_____
Office Development without			
Public Access	Y /N	\$ _____	_____
Utility Line Work:* % of Operations		\$ _____	_____
Power:	_____ %		
Communications:	_____ %		

**A formal written safety program is required if utility line work is performed. Please describe your program and attach a copy of your Safety Manual.*

Nurseries:	Wholesale	\$ _____
	Retail	\$ _____
Christmas Decoration Installations		\$ _____
Other Operations:		\$ _____

A) Do you operate as (if so indicate the % of operations):

General Contractor	_____ %	(You hire multiple classes of sub-contractors to perform work)
Construction Contractor	_____ %	(Your contract is direct with the project owner)
Subcontractor	_____ %	(You are a sub-contractor of a general contractor)

B) Indicate the average % of your total payroll for the following: Commercial % _____ Residential % _____

C) Subcontracts: % of work subcontracted _____% Cost of subcontracts \$ _____

Type of Work Subcontracted:

Are Certificates of Insurance required from subcontractors? Yes No

Do your contracts with subcontractors contain indemnification and/or hold harmless wording? Yes No

(If yes, please attach a copy)

D) Have you done any construction work in the past 15 years for any of the following: if so please indicate %:

			% New or Rehab	% Service/Maintenance
▪ Multi-family residential housing, including but not limited to condominiums, townhouses or apartments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	_____ %	_____ %
▪ Single Family Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	_____ %	_____ %
▪ Tract Housing on Hillside?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	_____ %	_____ %
▪ Housing on Hillside?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	_____ %	_____ %
▪ Are you insured under an OCIP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	_____ %	_____ %

(Owner Controlled Insurance Program)

2. EQUIPMENT

- Do you own, lease, rent, hire or borrow cranes? Yes No
(If yes, Crane supplemental must be completed)
- Do you rent, lease or borrow equipment from others? Yes No
With Operators? Yes No
Type of equipment rented/leased: _____
-
- Do you lease, rent or loan out equipment to others? Yes No
With Operators? Yes No
Is there a leasing/rental contract? *(if yes, provide a copy)* Yes No
Equipment maintenance program in place? Yes No
Address/location of the equipment stored? _____
-
- What type of security do you have in place? _____
-

3. PEST MANAGEMENT

- Are you licensed to apply pesticides/herbicides? Yes No
Do you apply pesticides and/or herbicides? Yes No
If yes, are they EPA approved? Yes No
Are all your employees who apply pesticides/herbicides
licensed or supervised by a licensed applicator?: Yes No
- License # _____ Exp. Date _____
Please attach a copy of your current license-required for coverage.

4. AUTOMOBILE

- Do you carrier Workers Compensation coverage? Yes No
Do you obtain MVR's for all drivers? Yes No
Do you visually inspect drivers' licenses? Yes No
Are road tests given to drivers? Yes No
If so, when and by whom? _____
- Do you check references before hiring? Yes No
Do you have drivers under the age of 21? Yes No
Are employees allowed to drive company vehicles?
for personal use? Yes No
If yes, when? _____
- Do family members have use of company vehicles? Yes No
If yes, when? _____
Are there written procedures for use of company
vehicles? *(If yes, please attach copy)* Yes No
Do you have an automobile maintenance program in place? Yes No
If yes, please describe the program:

5. PROPERTY

- Is your property located within a 1000 ft. of any of the following?
- Major Infrastructure: *(i.e. prominent bridges, tunnels, dams)* Yes No
Landmark or Highly recognized buildings or structures:
(i.e. Sears Tower, Empire State Building, Alamo) Yes No
Pharmaceutical manufacturers and /or distributors Yes No
Service / Utility companies (*i.e. gas, electric, nuclear plants*) Yes No
- Public Assembly areas *(i.e. arena with >10,000 capacity,
Super Bowl)* Yes No

Briefly describe the area around your building (industrial, residential, off major road, type of lighting etc):

6. SAFETY

- Do you have a formal hiring procedure manual? Yes No
- Do you have a formal Training program in place? Yes No
- Are employees trained in use of each piece of equipment? Yes No
- Is safety training documented? Yes No
- Any "high hazard jobs" preplanned to identify hazards and controls needed? Yes No
- Are employees trained what to do when a vehicle or customer accident occurs? Yes No
- Do you have any incentive based safety programs? Yes No

Describe your training / safety programs in place.

Please provide a copy of any written hiring manual, safety programs or training material.

- Do you comply with all standards of any statute, ordinance, regulation or license requirements or any federal, state or local government which apply to your operations? Yes No

7. OTHER:

- Do you store L.P.G., flammable liquids, ammunition or explosives on the premises? Yes No

If yes, please describe:

8. ASSOCIATIONS:

- Are you a member of any professional Landscape or Arborist Association? Yes No
- Name of Association(s):

Signature: _____

Print Name: _____

Title: _____

Date: _____

CRANE SUPPLEMENTAL APPLICATION
(use only when a Crane exists)

Required for General Liability, Contractor's Equipment & Umbrella

Named Insured: _____

Policy Term: _____

1. Please indicate the number of Cranes that are owned, hired, or leased

Boom Trucks < 50,000 lbs (mounted on commercial truck chassis) _____

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Rough Terrain Cranes < 50 tons (with oversized tires) _____

Rough Terrain Cranes > 50 tons (with oversized tires) _____

mobile cranes)

Crawler Cranes _____

Other (Please Define) _____

Truck Cranes (frictional cranes,

List year, make and model of all owned, hired or leased cranes.

2. Are all Cranes equipped with weight of load monitoring devices that automatically shut down the machine if the cargo exceeds the vehicles maximum lifting capacity? _____

3. Is there a formal documented crane maintenance procedure and repair log? Describe.

4. Are crane operators CCO certified and/or licensed by the state when required? If yes, please provide details of certification and continuing training classes for each crane operator? If no, how is training completed?

5. List all operations performed by you or on your behalf that involve the use of cranes.

6. Does insured use ground spotters with tag lines and an experienced signal person when operating its crane?

7. Are any lifts completed for hire/for an independent third party? If, yes what type and how often?

8. What types of precautions are taken when completing lifts around High Voltage power lines?

9. Is the utility company informed prior to any lift in close proximity to High Voltage power lines? If yes, what procedures are in place to insure compliance with this requirement?

Fraud Warning Notice: If a state fraud warning notice applies, please attach form #55306 to this application.

Applicant's Signature _____ Date: _____

Agency _____