



## Lawn Care Supplemental Application

Proposed Effective Date: \_\_\_\_\_

Named Insured: \_\_\_\_\_ (DBA) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Business phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website Address: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Business phone: \_\_\_\_\_ Email: \_\_\_\_\_

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### Section 1 - General Information

1. Current Carrier and Limits of Liability: \_\_\_\_\_
2. Is this policy being non-renewed? (N/A in Missouri)  Yes  No  
If yes, why?  Carrier no longer writing this coverage  Loss history  Other: \_\_\_\_\_
3. Expiring premium: \_\_\_\_\_
4. Type of Organization:  Corporation  Individual  Partnership  Joint Venture  LLC
5. Date business started under current ownership: \_\_\_\_\_
6. Do you own or operate any other business?  Yes  No  
If yes, explain: \_\_\_\_\_

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### Section 2 - Liability Limits and Coverage

1. **General Liability** (choose one):  
 \$100,000/\$300,000  \$200,000/\$300,000  \$300,000/\$300,000  \$300,000/\$600,000  \$500,000/\$500,000  
 \$500,000/\$1,000,000  \$1,000,000/\$1,000,000  \$1,000,000/\$2,000,000  \$1,000,000/\$3,000,000  
 \$2,000,000/\$2,000,000  \$2,000,000/\$3,000,000  \$2,000,000/\$4,000,000  
**General Liability Deductible** (choose one):  \$500  \$1,000  \$2,000  
**Medical Payments Coverage:** \$5,000
2. **Employee Benefits Liability-** If coverage is desired, complete the following:  
Retroactive Date: \_\_\_\_\_ Number of employees per location \_\_\_\_\_  
Limit (choose one):  \$500,000/\$1,000,000  \$500,000/\$1,500,000  \$1,000,000/\$1,000,000  
 \$1,000,000/\$2,000,000  \$1,000,000/\$3,000,000
3. **Stop Gap Liability (available in OH, ND, WA, WY only).** If coverage is desired, choose limit below:  
 \$100,000/\$500,000/\$100,000  \$500,000/\$500,000/\$500,000  \$1,000,000/\$1,000,000/\$1,000,000

4. **Employment Practices Liability (Not available in HI and LA).**

If coverage is desired, complete the following:

Retroactive Date: \_\_\_\_\_ FT employees: \_\_\_\_\_ PT employees: \_\_\_\_\_ FT volunteers: \_\_\_\_\_

PT volunteers: \_\_\_\_\_

Limit (choose one):  \$25,000  \$50,000  \$75,000  \$100,000 (minimum available for MN, NH, NY, ND)

\$250,000  \$500,000 (minimum available for AR, NM)  \$1,000,000 (minimum available for MT)

Choose from the following limits for VT:

\$25,000/\$25,000  \$37,500/\$37,500  \$50,000/\$50,000  \$125,000/\$125,000  \$250,000/\$250,000

\$500,000/\$500,000

Deductible:  \$2,500  \$5,000  \$10,000 (limits over \$75,000 only)  \$25,000 (limits over \$100,000 only)

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**Section 3 - Additional Insureds**

List all Additional Insureds that need to be listed on the policy:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Insured type:  Designated Person  Franchisor  Lessor of Equipment  Landlord

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Insured type:  Designated Person  Franchisor  Lessor of Equipment  Landlord

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## Lawn Care Application

(A copy of this page is required for each additional location.)

### Section 4 - Property Information

1. Location #: \_\_\_\_\_ Building #: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Property deductible (choose one):  \$500  \$1,000  \$2,500  \$5,000  \$10,000  \$25,000  \$50,000
4. Wind/hail deductible (choose one):  Same as all other property  Exclude  
 Percent -  2%  5%  
 Flat -  \$1,000  \$2,500  \$5,000  \$10,000  \$25,000  \$50,000
5. Property coinsurance percentage (choose one):  80%  90%  100%
6. Construction type (choose one):  Frame  Joisted Masonry  Masonry Non-Combustible  Non-Combustible  
 Semi-Fire Resistive  Fire Resistive
7. Is the building sprinklered?  Yes  No
8. In what year was the building constructed? \_\_\_\_\_ If over 20 years old, has the building been updated including roof and plumbing within the past 20 years?  Yes  No  
If no, explain: \_\_\_\_\_
9. Building square footage: \_\_\_\_\_ Number of stories: \_\_\_\_\_
10. Is this location adjacent to potentially hazardous exposures?  Yes  No

### Coverage and Limits

Choose the coverages desired:

- Building \$ \_\_\_\_\_  Replacement Cost  ACV
- Business Personal Property \$ \_\_\_\_\_  Replacement Cost  ACV
- Tenant Improvements & Betterments \$ \_\_\_\_\_  Replacement Cost  ACV
- Signs (\$1,000 deductible) \$ \_\_\_\_\_  
Description of sign(s):  Attached  Free Standing  Both  
Type of sign(s):  Entirely metal  Other
- Business Income \$ \_\_\_\_\_ Does a separate business income coinsurance apply?  Yes  No  
If yes, please choose one:  50%  60%  70%  80%  90%  100%  125%  
Select the monthly limit of indemnity:  1/3  1/4  1/6  None

### Property Additional Interests

List all property additional interests that need to be listed on the policy:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Insured type:  Mortgagee  Building Owner  Loss Payee  Lender's Loss Payee
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Insured type:  Mortgagee  Building Owner  Loss Payee  Lender's Loss Payee

**For Inland Marine, Crime, Excess/Umbrella coverages, please complete the appropriate ACORD application and submit with the completed Lawn Care Application.**

**Lawn Care Application**

(A copy of this page is required for each additional location.)

**Section 5 - Operations**

- 1. Location # \_\_\_\_\_
- 2. Address: \_\_\_\_\_

3. Which services do you provide at this location?

- Fertilizing/spraying lawns: Sales: \_\_\_\_\_ Payroll: \_\_\_\_\_
- Pesticide/Herbicide application of lawns: Sales: \_\_\_\_\_ Payroll: \_\_\_\_\_
- Lawn mowing, edging: Sales: \_\_\_\_\_ Payroll: \_\_\_\_\_
- Landscape care and maintenance: Sales: \_\_\_\_\_ Payroll: \_\_\_\_\_
- Tree trimming, pruning, spraying: Sales: \_\_\_\_\_ Payroll: \_\_\_\_\_
- Planting trees, shrubs and other plants: Sales: \_\_\_\_\_ Payroll: \_\_\_\_\_
- Turf and sod installation (except artificial turf) Sales: \_\_\_\_\_ Payroll: \_\_\_\_\_
- Other Services Gross Sales: \_\_\_\_\_ Cost: \_\_\_\_\_  
Description: \_\_\_\_\_ Net retained: \_\_\_\_\_
- Other Services Gross Sales: \_\_\_\_\_ Cost: \_\_\_\_\_ Cost: \_\_\_\_\_  
Description: \_\_\_\_\_ Net retained: \_\_\_\_\_
- Sub Contracted Services Gross Sales: \_\_\_\_\_  
Description: \_\_\_\_\_ Net retained: \_\_\_\_\_

4. How many employees are employed? Clerical: \_\_\_\_\_ Techs: \_\_\_\_\_ Sales: \_\_\_\_\_ Total payroll: \_\_\_\_\_

5. Please list the top five (5) pesticides/herbicides used:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

- 6. Do you have a formal safety program?  No  Yes
- 7. Do you conduct training programs for technicians?  No  Yes
- 8. Do you belong to any state or national associations?  No  Yes

If yes, please list: \_\_\_\_\_

9. Where and how are pesticides/herbicides stored? \_\_\_\_\_

10. Have any crimes been committed on your premises within the past 3 years?  No  Yes

11. Any bankruptcies, tax or credit liens against you in the last 5 years?  No  Yes

12. Has the account been cancelled and reinstated more than 3 times in the last 12 months? (N/A in Missouri)  No  Yes

13. Have you or any affiliated related or predecessor entity or any officer or owner been convicted of a felony?  No  Yes

14. Have you or any affiliated related or predecessor entity ever been fined or disciplined by any governmental regulatory agency for violation of regulations, safety, health or product label, environmental laws or regulations?  No  Yes

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(A copy of this page is required for each additional location.)

15. Do you do tree removal?  No  Yes  
If yes, what is the average height/size of trees removed? \_\_\_\_\_
16. Do you do stump grinding?  No  Yes
17. Do you perform snow or ice removal?  No  Yes  
If yes, percentage of total gross sales: \_\_\_\_\_ %
18. Do your operations include landscape/hardscape/retaining wall installation?  No  Yes
19. Any aerial spraying, crop spraying or any agricultural related spraying?  No  Yes
20. Any greenhouse or nursery operations?  No  Yes
21. Do you consult on health/life expectancy of trees?  No  Yes

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#### Section 6 - Landscape Care/Maintenance

1. Do you do any excavation and/or ground leveling?  No  Yes
2. Do you perform landscape design or architecture?  No  Yes

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#### Section 7 -Subcontractor

1. Do you verify subcontractors are adequately insured and obtain current Certificates of Insurance?  No  Yes
2. Do you require subcontractors to name you as an Additional Insured?  No  Yes

## Lawn Care Application

### Section 8 - Loss Information

1. Have you had any claims or losses in the past five years? This includes both claims that you have filed and losses you did not file with an insurance company.  No  Yes
2. Are you involved in any litigation, administrative, or arbitration proceedings or subject to any court or agency order of injunction?  No  Yes  
If yes, explain: \_\_\_\_\_
3. Do you have any knowledge of or reason to expect claims to be filed arising out of lawn care operations prior to the effective date of coverage with the Company?  No  Yes  
If yes, explain: \_\_\_\_\_
4. List all losses in the past 3 years whether or not insured (Attach additional sheet if necessary):

Date of Claim	Type of Claim	Description of Claim	Open/Closed	Amount Paid

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### Section 9 - Employment Practices Liability Coverage

Please answer the following questions if Employment Practices Liability coverage is being requested:

1. Have there been any EPLI claims, suits or complaints or are there any now pending claims against the insured or any executive, officer or owner?  No  Yes  
If yes, provide details of claims: \_\_\_\_\_
2. Does the insured and any executive, officer, or owner have any knowledge or information of any act, error, or omission which could reasonably be expected to give rise to an EPLI claim, suit or complaint?  No  Yes  
If yes, explain: \_\_\_\_\_

#### Complete the following if requesting limits of \$250,000 or greater.

3. Has the insured been in business for at least three continuous years with no bankruptcy filings?  No  Yes  
If no, explain: \_\_\_\_\_
  4. Are all job applicants required to complete and sign an employment application?  No  Yes  
If no, explain: \_\_\_\_\_
  5. Does the insured have an employment handbook, website or written employment materials, such as anti-harassment or anti-discrimination policies, to advise employees of their rights to work free of harassment and discrimination in the workplace?  No  Yes  
If no, explain: \_\_\_\_\_
  6. In the past 12 months and the coming 12 months combined, has there been or does the insured expect any layoffs or reductions in work force totaling more than 15% of the total employee count?  No  Yes  
If yes, explain: \_\_\_\_\_
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**Fair Credit Report Act Notice:** Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. 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 without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information.

**Fraud Warnings:** 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 AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA, and WV) (insurance benefits may also be denied in LA, ME, TN, and VA.)

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## **STATE FRAUD STATEMENTS**

### **Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

### **Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Applicable in FL and OK**

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)\*. \*Applies in FL Only.

### **Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### **Applicable in KY, NY, OH and PA**

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\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

### **Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME

Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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**NOTE:** Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Florida only) Agent license number: \_\_\_\_\_

**Questions? 800 926-6771**

**SUBMIT**

**RESET**