

## Landscaper Comprehensive Application

Client Information – Basic Business Information			
Business Name:			
Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____			Years in Business:
DBA:			
FEIN:	CSLB:	CA /MCP:	
Mailing Address:			
Physical Address:			
Owner Name:	Phone:	Email:	
Primary Contact:	Phone:	Email:	
Website:			
Description of Operations:			
Do you have any Landscape Industry Certifications or belong to any Associations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes Please List: <input type="checkbox"/> CLCA <input type="checkbox"/> NALP <input type="checkbox"/> Other (s): _____			

Business Breakdown – Provide breakdown of Commercial & Residential work				
Total Commercial Work	%	Total Residential Work	%	= 100%
New Installation		New Installation		
Maintenance & Repair/ Remodel		Maintenance & Repair/ Remodel		
Total	100%	Total	100%	

Business Figures – Provide estimated figures for the upcoming, current, and previous policy year			
<b>Projected Year:</b>	Sales: \$	Subcontractor Cost : \$	Payroll: \$
<b>Current Year:</b>	Sales: \$	Subcontractor Cost : \$	Payroll: \$
<b>Prior Year:</b>	Sales: \$	Subcontractor Cost : \$	Payroll: \$

Estimated Payroll Figures – Provide estimated payrolls & Employee count for the upcoming policy term			
Classification	Payroll Estimates	Full Time Employees	Part Time Employees
Class Code: 0042 - Landscaping			
Class Code: 8810 – Clerical			
Class Code: 8742 – Outside Sales			
Class Code: 0106 – Tree Trimming			
Class Code: 8601 – Engineers & Architects			
Class Code: 6220 – Grading & Excavation >= \$31			
Class Code: 6218 – Grading & Excavation < \$31			
Class Code:			

<b>Business Operation Details – Provide details on Operations, Safety, &amp; Hiring Practices</b>	
Has there been any change in the nature of operations, ownership, management or the name of the operation during the last five years?	
Are you a subsidiary of another entity or do you have any subsidiaries or have you operated under a different name?	
Have you had any insurance canceled, declined or non-renewed in the last three years?	
Do you have knowledge of any pre-existing act, omission, event, condition, or damages to any person or property that may give rise to a future claim?	
Is there a formal Safety Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do Employees receive safety training? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are Safety Meetings Conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes How Often? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
Is Group Medical Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes provide % of employees enrolled and % paid by employer:	
Do you Have a wellness program (i.e. encourages and promotes employee health programs) in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you provide paid sick leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you provide paid vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Job Specific Training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Orientation Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been cited by OSHA in the last three years?	
Do you have a formal written accident report? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there set procedures for reporting claims? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the average claim reporting time frame:	
Have you or are you currently involved in a Wrap-Up, OCIP, or CCIP?	
Is there a driving or delivery exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the driving radius? <input type="checkbox"/> <10 Miles <input type="checkbox"/> 11-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100+
Are Vehicles Company Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a Fleet Maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what types of vehicles?	If Yes, Who does the servicing? <input type="checkbox"/> Outside Vendor <input type="checkbox"/> In-House
If yes, are vehicles taken home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Driver acceptability standards in place? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are MVRs Checked? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes how often?	Do Employees use personal vehicles for company business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you enforce the following policies for drivers? Alcohol/Drug Use: <input type="checkbox"/> Yes <input type="checkbox"/> No    Seat belt Use: <input type="checkbox"/> Yes <input type="checkbox"/> No    Distracted driving: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you use Subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, what type of work and what % of work is subcontracted out?	
Do you use a written subcontract agreement containing hold harmless / indemnity agreements in favor of your business?	
Do you obtain certificates of insurance from all subcontractors?	
Do you require all subcontractors to carry limits of insurance equal to your own?	
Are you listed as an additional insured on all subcontractor policies?	
Do you work on any of the following: <input type="checkbox"/> Townhomes <input type="checkbox"/> Condos <input type="checkbox"/> Apartments <input type="checkbox"/> Tract Developments	
Does Landscape Contracting include hardscape, installation, and irrigation/sprinkler system work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Lawn care operations include maintenance and/or application of herbicides, pesticides, and fertilizers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any Tree pruning, spraying, repairing, trimming, removal? <input type="checkbox"/> Yes <input type="checkbox"/> No.	
What is Maximum Height you will work?	What is used? <input type="checkbox"/> Ladder <input type="checkbox"/> Scaffolding <input type="checkbox"/> Scissor Lifts <input type="checkbox"/> N/A
Any work below grade? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, What is Max Depth?	Do you do any rough grading, manipulating of slope, or finish grading of land? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is used? <input type="checkbox"/> Ladder <input type="checkbox"/> Scaffolding <input type="checkbox"/> Scissor Lifts <input type="checkbox"/> N/A	Any Roadside, Highway, or Median work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any Lifting Exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, <input type="checkbox"/> < 25lbs <input type="checkbox"/> 25-40 <input type="checkbox"/> 40+	
Do you have a landscape architect or engineer on staff? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes do you have Professional Liability?	

General Liability Prior Insurance Information – Include a minimum of four years currently valued loss runs			
Policy Period	Prior Carrier Name	Policy Number	Premium

Workers Compensation Prior Insurance Information - Include a minimum of four years currently valued loss runs			
Policy Period	Prior Carrier Name	Policy Number	Premium

Commercial Auto Prior Insurance Information - Include a minimum of four years currently valued loss runs			
Policy Period	Prior Carrier Name	Policy Number	Premium

Commercial Property - Provide details regarding covered building			
<b>Location Address:</b>			
Year Built:	Construction Type:	Total Area:	# of Stories:
Roof Type	Alarm Type:	Distance to Fire Station:	
Updates:	Wiring:	Roofing:	
	Plumbing:	Heating:	
<b>Location Coverages</b>			
<b>Subject of Insurance</b>		<b>Limit</b>	
Building		\$	
Business Personal Property (Contents)		\$	