

# Landscaping General Liability Application

Applicant's Name _____
Mailing Address _____ _____ _____

Agent Name _____
Address _____ _____

**PROPOSED EFFECTIVE DATE:**

From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 A.M., Standard Time at the address of the Applicant.

**Applicant is:**     Individual     Corporation     Partnership     Joint Venture  
                           Limited Liability Company     Other (Specify): \_\_\_\_\_

**LIMITS OF LIABILITY REQUESTED**

General Aggregate		\$
Products and Completed Operations Aggregate		\$
Personal and Advertising Injury		\$
Each Occurrence		\$
Fire Damage (any one fire)		\$
Medical Expense (any one person)		\$
Property Damage Extension (CCC)	Occurrence	\$
	Aggregate	\$
Other		
Other		
Deductible (\$500 minimum)		\$

**LOCATION OF OPERATIONS**

Street Address and City	State
1. <input type="checkbox"/> Same as mailing address	
2.	
3.	

1. How long has applicant been in business? \_\_\_\_\_ years                       Full-time     Part-time
2. Does applicant use pesticides or herbicides? ..... Yes     No  
 If yes, are they EPA approved?..... Yes     No  
 How are employees trained in handling: \_\_\_\_\_  
 \_\_\_\_\_

3. Does applicant subcontract work?..... Yes  No

If yes: Annual subcontract cost: \$ \_\_\_\_\_

Type of work subcontracted: \_\_\_\_\_

Are Certificates of Insurance obtained? ..... Yes  No

**DESCRIPTION OF OPERATIONS**

Operation		Payroll	Receipts
Landscaping		\$	<i>Not Applicable</i>
Lawn servicing (mowing, fertilizing, etc.)		\$	<i>Not Applicable</i>
Snowplowing	Residential	\$	\$
	Commercial—Retail	\$	\$
	Commercial—Other	\$	\$
	Streets and Roads	\$	\$
Tree work		\$	<i>Not Applicable</i>
Fumigation, crop dusting or aerial spraying		\$	<i>Not Applicable</i>
Highway or utility right-of-way maintenance		\$	<i>Not Applicable</i>
Sales of commercial fruit trees and/or seeds		<i>Not Applicable</i>	\$
Other—Please describe		\$	\$
<b>Total Payroll</b> (excluding snowplowing)		\$	<i>Not Applicable</i>

**EMPLOYEE DATA**

Category	Number
Owner(s) only	
<b>Other than clerical:</b>	
Full-time	
Part-time	
Leased	
<b>Total</b>	

During the past three years has any company ever canceled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri) ..... Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRIOR INSURANCE HISTORY**       See loss run attached

Year	Company	Policy No.	Premium	Paid Losses	Reserved Losses	Loss Description

**ADDITIONAL INSURED INFORMATION**

Name	Address

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:**

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.

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

Agent Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Please select your option below: