LANDSCAPERS PROGRAM APPLICATION
General Liability

APPLICANT INFORMATION

Name _____

Address _____

City, State, Zip _____

Telephone _____ Contractor License Number (if required) _____

Policy Term: _____

Business Description: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other _____

Limits Requested: Occurrence _____ Personal Injury/Advertising _____

General Aggregate _____ Medical Payments _____

Products/Comp Ops Aggregate _____ Fire Legal _____

Property Damage Extension (Care, Custody and Control) _____

Estimated annual payroll $_____ Estimated annual receipts $_____

Years in business _____ Average number of employees _____

Years experience _____ Percentage use of part-time employees _____%

Percentage use of subcontractors _____%
(Note: Subcontractors must provide certificates of general liability and workers' compensation insurance)

Describe applicant's operations (all operations must be eligible in order to qualify for this program) _____

_____

Landscaping, Lawn Care _____% Residential _____% Commercial _____% Other

Percentage of tree trimming and nursery work to total revenue _____%

Pesticides, herbicides used? _____ Any fumigating, spraying? _____

Any landscape architectural work? _____ Owners & Contractors Protective? _____

Largest job (sales) $_____ Typical job (sales) $_____

Describe any use of cranes or heavy equipment _____

_____

Workers' Compensation insurer and policy number _____

THREE YEAR LOSS EXPERIENCE

Date	Losses (description and amounts paid and incurred)
_____	_____
_____	_____
_____	_____

Comments _____

_____

_____

_____ _____
Applicant Signature Producer Name & Address