



Landscaper's Insurance  
 A division of NSM Insurance Group  
 555 North Lane, suite 6060  
 Conshohocken, PA 19428  
 800-970-9778  
[www.landscaperscover.com](http://www.landscaperscover.com)

**SUPPLEMENTAL APPLICATION:**

Name of Insured: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Federal Tax ID # \_\_\_\_\_

**1. Description of Operations**

Number of Employees:  
 Full Time: (excluding the owner) \_\_\_\_\_ Part Time: \_\_\_\_\_  
 Number of Owners/Partners, etc: \_\_\_\_\_ Payroll for Owners \$ \_\_\_\_\_

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

**Landscape Operations:**

	Payroll	Receipts
Landscape Maintenance (Lawn cutting, trimming)	_____	_____
Irrigation in conjunction with Landscape	_____	_____
Christmas Decoration Installations	_____	_____
Nurseries: Wholesale	_____	_____
Retail	_____	_____
Other:	_____	_____

**\*\*Landscape Construction – ONLY**

**\*\*Must complete Landscape Construction Operations Breakdown**

**Landscape Construction/Hardscapes Exposures**

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

Irrigation-Sprinkler Installation/Repair (if not included in Landscape class) \_\_\_\_\_  
 Concrete or Cement Work \_\_\_\_\_ Plant Tree Shrub Installation \_\_\_\_\_  
 Swimming Pool Construction \_\_\_\_\_ Ornamental Pools, Fountains, Spas \_\_\_\_\_  
 Underground Drainage Systems \_\_\_\_\_ Gazebos installation \_\_\_\_\_  
 Grading of Land \_\_\_\_\_ Fences-Walls-Decking Building/Repair \_\_\_\_\_  
 Other: Describe & list any other operations (note: include payroll and receipts):  
 \_\_\_\_\_  
 \_\_\_\_\_

**Tree Operations:**

	Payroll	Receipts
Tree Work	_____	_____
Spraying of Lawn, Plants or Trees	_____	_____
Firewood or Mulch Sales	_____	_____
*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

**Other:**

**Snow Plowing:**

- Residential: Private homes  Yes  No
- Condos, Apartment Complex  Yes  No
- Public Access Office Dev. /Malls  Yes  No
- Office Dev. With no Public Access  Yes  No
- Member of SIMA or other Organization  Yes  No

**Please attach a sample snow removal contract to this application**

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 Work \_\_\_\_\_

Residential Work \_\_\_\_\_

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

D) Have you done any construction work in the past 15 years for any of the following? If so, please indicate %: New \_\_\_\_\_ Rehab \_\_\_\_\_ Service/Maintenance \_\_\_\_\_

Multi-family residential housing, including but not limited to condominiums, townhouses or apartments

Yes  No

Single Family Housing

Yes  No

Tract Housing on Hillsides

Yes  No

Are you insured under an OCIP  Yes  No  
(Owner Controlled Insurance Program)

## 2. 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 # \_\_\_\_\_ Ex. Date: \_\_\_\_\_

**Please attach a copy of your current license – required for coverage**

## 3. 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  
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**

## 4. 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  
Equipment maintenance program in place?  Yes  No

Address/location of the equipment stored?  
\_\_\_\_\_

What type of security do you have in place?  
\_\_\_\_\_

## 5. Automobile

Do you carry Workers' Compensation coverage?  Yes  No  
Do you obtain MVR's for all drivers?  Yes  No  
Are road tests given to drivers?  Yes  No  
Do you have drivers under the age of 21?  Yes  No  
Are employees allowed to drive company vehicles, for personal use?  
If yes, when?  Yes  No

Do family members have use of company vehicles?  Yes  No

If yes, when and who?

Are there written procedures for use of company vehicles?  Yes  No  
(if yes, please attach copy)

Do you have an automobile maintenance program in place?  Yes  No  
If yes, please describe the program \_\_\_\_\_

## 6. Property

Is your property located within **1,000ft** of any of the following:

Major infrastructure (i.e. prominent bridges, tunnels, dams)  Yes  No

Landmark or highly recognized buildings or structures  Yes  No

(i.e. Sears Tower, Empire State Building, Alamo)

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

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

If yes, please describe: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 7. Workers' Compensation

Current Carrier: Current Premium:

Current Effective Date: Experience Modification:

## 8. Other:

Do you store L.P.G., flammable liquids, ammunition or explosives on the premises?

Yes  No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

## 9. Associations:

Are you a member of any professional Landscape or Arborist Association?  Yes  No

Name of Association(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Insured's Signature:

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_



Landscape's Insurance  
A division of NSM Insurance Group  
555 North Lane, suite 6060  
Conshohocken, PA 19428  
800-970-9778

[www.landscaperscover.com](http://www.landscaperscover.com)