



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

Date