

**Part 1. General Green Industries and Landscape – Related Supplemental**

Date: \_\_\_\_\_ Account Name: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Company Website: \_\_\_\_\_

**Section 1. GENERAL INFORMATION**

Number of years in business: \_\_\_\_\_ (Refer if fewer than 3 years)  
 Number of years of business management experience: \_\_\_\_\_

If a new venture or fewer than 3 years insurance experience  
 Please list previous employer(s), years with employer and duties performed:

| Previous Employer | Years | Duties |
|-------------------|-------|--------|
|                   |       |        |
|                   |       |        |
|                   |       |        |

Contractor's license type and number(s): \_\_\_\_\_  
 Certifications and designations held by owner(s): \_\_\_\_\_  
 Has this firm ever filed for bankruptcy?  YES  NO  
 Gross Revenue (last complete year): \_\_\_\_\_  
 Net Income (last complete year): \_\_\_\_\_  
 List all trade association membership(s): \_\_\_\_\_  
 Any pollution claims in the last five years?  YES\*  NO  
 \*If yes, please provide details: \_\_\_\_\_

Number of Active owners / officers: \_\_\_\_\_

**Section 2. EMPLOYEES / HIRING**

Employee hiring includes (check all that apply):

Application  Physical  Background Check  Drug Testing  MVR  Reference Check

YES  NO Use casual / day laborers?

\_\_\_\_\_ Average tenure of all hired employees in years \_\_\_\_\_ Total number of supervisors  
 \_\_\_\_\_ Total number of employees \_\_\_\_\_ Usual number of work crews

- YES  NO 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 an accident occurs?
- YES  NO Do you have any incentive-based safety programs?
- YES  NO Does a written safety program exist?

Describe your training / safety programs in place: \_\_\_\_\_

**Section 3. EXPOSURE ON PREMISES**

YES  NO Any public access to business premises?

**Green Industries and Landscape Related  
Supplemental Application**



- YES  NO                      \*If yes, are walkways kept clear of debris and clutter?  
 YES  NO  N/A                      Properly store pesticides, herbicides or hazardous chemicals?  
 YES  NO    Do you store L.P.G., flammable liquids, ammunition or explosives on the premises?  
 YES  NO    Secure equipment during non-business hours?  
 YES  NO    Premises well-maintained / demonstrates good housekeeping?  
 YES  NO    Do you check with local utility companies before conducting digging of 24 inches or more in depth?  
 YES  NO    Are job site secured and signs posted to avoid attractive nuisance exposure?

**Section 4. EXPOSURE OFF PREMISES / OPERATIONS**

Percentage breakdown of applicant's work:

\_\_\_\_\_ % **Commercial**                      \_\_\_\_\_ % Installation                      \_\_\_\_\_ % Maintenance  
 \_\_\_\_\_ % **Residential**                      \_\_\_\_\_ % Installation                      \_\_\_\_\_ % Maintenance

Do you operate as? (Indicate percentage of operations as applicable):

\_\_\_\_\_ % General Contractor                      \_\_\_\_\_ % Contractor Direct with Project Owner                      \_\_\_\_\_ % Subcontractor

**General Liability Exposure:** Provide percentage of operations (total should equal 100%):

- \_\_\_\_\_ % Landscape Construction **(Must complete Landscape Construction Operations Supplemental)**  
 \_\_\_\_\_ % Tree Work **(Must complete Tree Trimming Supplemental)**  
 \_\_\_\_\_ % Landscape Maintenance  
 \_\_\_\_\_ % Fertilizing and / or Spraying / Pest Control Operation **(Must complete Pest Control Section)**  
 \_\_\_\_\_ % Sprinkler Installation / Repair  
 \_\_\_\_\_ % Pavers / Concrete Work  
 \_\_\_\_\_ % Fences / Decks / Walls  
 \_\_\_\_\_ % Snow Plowing / Removal / Clearing / Treatment (including ice)  
 \_\_\_\_\_ % Other (please explain): \_\_\_\_\_

| Landscape Operations                     | Employee Payroll |           | Receipts |           |
|--|------------------|-----------|----------|-----------|
|  | Estimate         | Last Year | Estimate | Last Year |
| Landscape Maintenance                    | \$               | \$        | \$       | \$        |
| Landscape Construction                   | \$               | \$        | \$       | \$        |
| Tree Trimming                            | \$               | \$        | \$       | \$        |
| Irrigation in conjunction with Landscape | \$               | \$        | \$       | \$        |
| Pest Control Operations                  | \$               | \$        | \$       | \$        |
| Christmas Decoration Installations       | \$               | \$        | \$       | \$        |
| Christmas Tree Lots                      | \$               | \$        | \$       | \$        |
| Nurseries: Wholesale                     | \$               | \$        | \$       | \$        |



**Section 7. COMMERCIAL AUTOMOBILE**

**A. MANAGEMENT**

- YES  NO MVR required with employment application?
- YES  NO Every driver's MVR checked annually?
- YES  NO Road test conducted for new employees?
- YES  NO All drivers trained in operation of trucks?
- YES  NO Written Non-personal use of company vehicles policy? **\*If yes, please attach a copy**
- YES  NO Employees vehicles used in business?
- YES  NO Do you carry Workers' Compensation coverage?
- YES  NO Do family members have use of company vehicles?

**COMMERCIAL AUTO CONTINUED**

**B. VEHICLES**

- YES  NO Vehicles secured during non-business hours?
- YES  NO Vehicle maintenance program with written service records maintained?
- YES  NO Any public access to business premises after hours?

**C. SAFETY ORGANIZATION**

- YES  NO Accident investigations conducted?
- YES  NO Accident reporting materials stored in each vehicle?
- YES  NO Safety equipment stored in each vehicle (cones, warning signs)?
- YES  NO Action taken on problem driver?
- YES  NO Safety literature distributed to all employees?
- YES  NO Award and penalty system exists?\*

\*If yes, please provide details / copy of policy: \_\_\_\_\_

**Check all methods used to monitor over-the-road driver behavior:**

- Driver monitoring program (eg., BIT PULL, 1-800 How's My Driving)  GPS Tracking of Vehicles
- Road observations by company management  Other (please describe):

**ACKNOWLEDGEMENT**

*Note: Information contained and submitted on the Alteris Insurance Services, Inc. Qualifier is on file with the insurer and, along with the application, is considered to be physically attached to the policy and will become part of the policy if issued. Concealment, misrepresentation, or falsification of information relating to your insurance, including any application and or qualifier for coverage, may result in cancellation or voiding of all or parts of the policy, including any endorsements thereto. I hereby certify that the information provided on this application and or qualifier, and all documents submitted in support of this application and or qualifier, is complete, accurate, and truthful in all respects.*

Signed by Owner or Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Signed by Producer: \_\_\_\_\_ Date: \_\_\_\_\_



Printed Name and Title: \_\_\_\_\_

***For Producer Use Only:***

Is this a current insured?     YES    NO

Please note which coverages producer writes for insured:

GL             Auto             Inland Marine             Workers' Compensation             Property             Excess