

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 _____ %
Use of subcontractors _____ % (Note: Subcontractors must provide certificates of general liability & 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)

<u>Date</u>	<u>Losses (description and amounts paid and incurred)</u>
_____	_____
_____	_____
_____	_____

Comments _____

Applicant Signature

Producer Name & Address

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL

INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

COVERAGE IS NOT BOUND UNTIL APPROVED BY THE COMPANY