

**LandPro® TreePro™ Package Supplemental Application**

Insured: \_\_\_\_\_

Address: \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ Or Owner's Social Security # \_\_\_\_\_

**COMPLETE ALL SECTIONS, EVEN IF COVERAGE IS NOT REQUESTED**

**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 : _____	\$ _____	\$ _____
<b>**Landscape Construction - ONLY</b>	<b>\$ _____</b>	<b>\$ _____</b>

**\*\* Must Complete Landscape Construction Operations Breakdown**

**Landscape Construction / Hardscapes Exposures**

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

- |  |   |
|--|---|
| _____ Irrigation-Sprinkler System Installation/Repair (If not included in Landscape class)<br>_____ Concrete or Cement Work<br>_____ Swimming Pool Construction<br>_____ Underground Drainage Systems<br>_____ Grading of Land<br>_____ Other: Describe & List any other operations<br>note- include payroll and receipts: | _____ Plant Tree Shrub Installation<br>_____ Ornamental Pools, Fountains, Spas,<br>_____ Gazebos Installation<br>_____ Fences-Walls-Decking Building/Repair |
|--|---|

Total: \_\_\_\_\_ % Total must = 100%

**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, Apartments complex	Yes / No	\$ _____	\$ _____
Public Access Office Dev./Malls	Yes / No	\$ _____	\$ _____
Office Dev. with no Public Access	Yes / No	\$ _____	\$ _____
<b># of Plow Blades</b>		# _____	_____

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 \_\_\_\_\_%

**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 or Rehab	% Service / Maintenance
Multi-family residential housing, including but not limited to condominiums, townhouses or apartments?	<input type="radio"/> Yes <input type="radio"/> No	_____ %	_____ %
Single Family Housing	<input type="radio"/> Yes <input type="radio"/> No	_____ %	_____ %
Tract Housing on Hillsides?	<input type="radio"/> Yes <input type="radio"/> No	_____ %	_____ %
Are you insured under an OCIP (Owner Controlled Insurance Program)	<input type="radio"/> Yes <input type="radio"/> No		

**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 # \_\_\_\_\_ Exp. 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 & who? \_\_\_\_\_
- Are there written procedures for use of company vehicles?  Yes  No
- (If yes, please attach copy)

**AUTOMOBILE continued:**

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

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**6. PROPERTY:**

Is your property located within **1000 ft.** 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, ammution or explosives on the premises?       Yes     No

If yes, please describe

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

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**7. WORKERS' COMPENSATION**

Current Carrier: \_\_\_\_\_ Current Premium: \_\_\_\_\_  
Current Effective Date: \_\_\_\_\_ Experience Modification: \_\_\_\_\_

**8. OTHER:**

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

If yes, please describe:

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**9. ASSOCIATIONS:**

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

Name of Association(s):

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**Insured's Signature:** \_\_\_\_\_

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

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

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