

GREENSCAPE QUESTIONNAIRE

1. PLEASE CAREFULLY READ THE STATEMENTS AT THE END OF THIS APPLICATION.
2. Answer ALL questions. If the answer to any question is "None", please state "None".
3. Application must be signed and dated by owner, partner or officer.
4. Attach all necessary documentation.

Applicant Information

Named Insured: _____

Location Address: _____

Internet Website: _____

Years in business: _____ Experience in the Industry _____

Insured Contractor License No.: _____ FEIN: _____

Any Industry Association Memberships? _____ Yes _____ No

If Yes, list name and/or chapter: _____

Company Description

Description of Operations: (Please describe the nature and scope of your operations)

Total Number of Employees _____ Full Time _____ Part Time _____ Seasonal _____

Number of Certified Arborists on Staff _____

Residential Work _____% Commercial Work _____% = **100%**

What percentage of your work includes the application of herbicide / pesticide? _____%

Indicate the type of work performed: **(Below should total 100%)**

Tree Pruning/Removal/Fertilization/Stump Grinding _____% Landscaping, Lawn Maintenance _____%

Pesticide or Herbicide Application _____% Utility Line Maintenance _____%

Snow Plowing _____% Other _____%

Sprinklers/ Irrigation _____%

(Commercial _____% Residential _____%)

Automobile

Driver ratio: Total number of Power Units _____ Total number of drivers _____

(Attach complete list of drivers, including state where licensed, date of birth, and driver's license number)

- | | | | |
|--|------------------|-----------|----------|
| 1. Is there a scheduled maintenance program for all vehicles? | How Often? _____ | Yes _____ | No _____ |
| 2. Is a maintenance & repair log maintained for these vehicles? | | Yes _____ | No _____ |
| 3. Is there a personal use policy for company vehicles? | | Yes _____ | No _____ |
| 4. Are MVRs obtained for each driver? | | Yes _____ | No _____ |
| 5. Are MVRs reviewed by management? | | Yes _____ | No _____ |
| 6. Is disciplinary action taken against poor drivers or accidents? | | Yes _____ | No _____ |
| 7. Are road tests given prior to operating company vehicles? | | Yes _____ | No _____ |
| 8. Are drivers trained in defensive driver techniques? | | Yes _____ | No _____ |
| 9. Are employees instructed in accident reporting procedures? | | Yes _____ | No _____ |

Non-Owned/Hired Auto:

Are you requesting Non-Owned/Hired Auto coverage? _____ Yes _____ No (If yes, answer All below)

Vehicles:

- Are there any corporately owned vehicles? _____ How many? _____
- Are any of these vehicles insured by another carrier? _____ If yes, what carrier? _____
Is this a personal auto policy or business auto policy? _____
- Are there any vehicles owned personally or by employees leased to the corporation? _____

Employees:

- Do any employees regularly (once per day or more) use their own vehicles for company business (this includes employees that travel between job-site locations during the day)? _____

If yes, please answer the following questions:

How many employees? _____

Please describe use: _____

Are these employees required to provide proof of insurance? _____

What minimum limit of insurance do you require these employees to carry? _____

Do you obtain a copy of their insurance policy annually? _____

How many appointments or job sites, on average, do they visit per day? _____

Please attach a list of these drivers, including their drivers license number and date of birth.

Delivery Exposure:

Do any of your employees use their vehicles to deliver your product? _____

If yes, how often? _____

Livery Exposure:

Are guests, patients or other customers permitted to ride with these employees? _____

Please explain the purpose, frequency, and distance: _____

Rental Exposure:

For all autos or trucks rented on a short-term basis, please provide the total annual expense for vehicles rented \$ _____

Property & Equipment

Building protection: _____ Fire Extinguishers _____ Central Station Alarm _____ Sprinklers _____

1. Is the yard fenced & well lit? _____ Yes _____ No
2. Are tools & equipment locked up overnight? _____ Yes _____ No
3. Do you allow other contractor's employees to borrow equipment? _____ Yes _____ No
4. Do you rent/lease/borrow equipment from others? _____ Yes _____ No

With Operators _____ Without Operators _____

Describe the type of equipment rented/leased/borrowed _____

5. Do you rent/lease/loan equipment to others? _____ Yes _____ No
With Operators _____ Without Operators _____

6. Do you store L.P.G., Flammable liquids, ammunition or explosives on the premises? _____ Yes _____ No
If yes, please describe: _____

7. Do you own any cranes? **(If no, skip to question 16)** _____ Yes _____ No

Number of Boom Trucks < 50,000 Ibs (mounted on commercial truck chassis) _____

Number of Boom Trucks > 50,000 Ibs (mounted on commercial truck chassis) _____

Number of Rough Terrain Cranes < 50 tons (with oversized tires) _____

Number of Rough Terrain Cranes > 50 tons (with oversized tires) _____

Number of Truck Cranes (frictional cranes, mobile cranes) _____

Number of Crawler Cranes _____

Other (Please Define) _____

(Attach a list with the year, make and model of all owned, hired or leased cranes)

8. Are all Cranes equipped with weight of load monitoring devices that automatically shut down the machine if the cargo exceeds the vehicle's maximum lifting capacity? _____

9. Is there a formal documented crane maintenance procedure and repair log? Describe.

10. Are crane operators CCO certified or licensed by the state when required? If yes, please provide details of certification and continuing training classes for each crane operator? If no, how is training completed?

11. List all operations performed by you or on your behalf that involve the use of cranes.

12. Does insured use ground spotters with tag lines and an experienced signal person when operating its crane?

13. Are any lifts completed for hire or for an independent third party? If yes, what type and how often?

14. What types of precautions are taken when completing lifts around High Voltage power lines?

15. Is the utility company informed prior to any lift in close proximity to High Voltage power lines? If yes, what procedures are in place to insure compliance with this requirement?

16. Do you lease any cranes without operator? _____ Yes _____ No

If "Yes", list the name and phone number of the competent person responsible for crane safety and maintenance:

17. Do you lease any cranes with operator? _____ Yes _____ No

If Yes, do you require evidence of crane certification from the operator before job commencement?

_____ Yes _____ No

18. Does your competent person inspect the crane and maintenance log before job begins? _____ Yes _____ No

19. Do you require proof of insurance from the crane company before job begins? _____ Yes _____ No

General Liability

1. Have you ever taken over an uncompleted project at any phase of construction? _____ Yes _____ No
2. Will you bid for uncompleted projects in the future? _____ Yes _____ No
3. Any jobs covered by wrap-up coverage/OCIP? _____ Yes _____ No
4. Any past, current, or planned work outside of your domiciled state? _____ Yes _____ No
If "Yes", list states _____
5. Any architectural or design work? _____ Yes _____ No
If "Yes", are employees licensed for this work? _____ Yes _____ No
If "Yes", provide details of this work _____
6. Any current or past projects built on hillsides or terraces? _____ Yes _____ No
7. Any work on landfills or in subsidence areas? _____ Yes _____ No
8. Any subsidence losses or subsidence related claims in the past 5 years? _____ Yes _____ No
9. Any work done below grade? If yes, list type of work _____ Yes _____ No
a) Max Depth: _____ feet b) % of total work: _____ %
10. Are all subcontractors required to carry in-force liability insurance? _____ Yes _____ No
11. Do you have a written contract with your subcontractors? **(Please attach copy)** _____ Yes _____ No
12. Are Certificates of Insurance obtained from all subcontractors and monitored? _____ Yes _____ No
13. Are you named as an additional insured on your subcontractors' liability policy? _____ Yes _____ No
If "Yes", what is the minimum limit of liability required on the subcontractors' policy? _____
14. Has there ever been a lapse, restriction or cancellation of your liability insurance? _____ Yes _____ No
15. Have you, or your subcontractors, been or will be involved in any removal of asbestos, PCB's or other hazardous materials? _____ Yes _____ No
16. Do you have operations other than contracting? _____ Yes _____ No
17. Are these operations to be covered by this insurance? _____ Yes _____ No
18. **In the past 10 years has, or in the future will**, any of your work involve landscape construction for custom homes, single family homes, condominiums or townhouses? _____ Yes _____ No
If "Yes", list which ones _____
Percentage of work for New _____ % Remodel _____ % Maintenance _____ %
19. Any new landscape construction work done on tract homes **in the past 10 years, or planned for the future?** _____ Yes _____ No
If "Yes", maximum number of homes in tract: _____

Please explain all "Yes" answers:

Safety Program

1. Is there a formal written Safety Program in effect? _____ Yes _____ No
2. Are Regular safety meetings conducted? How Often? _____ Yes _____ No
3. Is there a Safety Committee that meets regularly? _____ Yes _____ No
4. Is Personal Protective Equipment provided? _____ Yes _____ No
 - a. If yes, what type? _____
5. Is there a formal Safety Training Program for employees? _____ Yes _____ No
6. Is the Safety Training documented & signed by employees? _____ Yes _____ No
7. Are employees given written warnings after violating safety rules? _____ Yes _____ No
8. Is a personnel file kept on each employee? _____ Yes _____ No
9. Is there an Accident Investigation Program? _____ Yes _____ No
10. Are jobs preplanned or inspected prior to work being done? _____ Yes _____ No
11. Are job sites closed off to the public? _____ Yes _____ No
12. Are employees trained in electrical hazard awareness? _____ Yes _____ No
13. Is there a drug testing program? _____ Yes _____ No
14. Is there a return to work program? _____ Yes _____ No
15. Is there an incentive based safety program? _____ Yes _____ No

Pest Management

1. Does your company apply pesticides/herbicides? _____ Yes _____ No
 - (If you answered NO – DO NOT complete the remainder of this section)
2. Are you licensed to apply pesticides/herbicides in your state? _____ Yes _____ No
3. Is certification required to apply pesticides/herbicides? _____ Yes _____ No
4. Is recertification required? _____ Yes _____ No
5. Do you have a formal emergency spill program? _____ Yes _____ No
6. Are all pesticides EPA approved? _____ Yes _____ No
7. Are chemicals mixed at job sites? _____ Yes _____ No
8. Are MSDS sheets and updates for materials properly displayed and distributed? _____ Yes _____ No
9. How are pesticides/herbicides applied? _____
10. What is the quantity stored on premises? _____
11. How are pesticides/herbicides stored on premises? _____
12. Has the company ever had a pollution claim? _____ Yes _____ No
 - If "Yes", please describe claim: _____

List of the pesticides/herbicides used.

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Please explain or describe all “Yes” answers above:

Exposure/ Premium History

Estimated Next

12 Months Payroll	_____	Gross Receipts	_____	Subcontract Costs	_____	Premium	_____
2020 Payroll	_____	Gross Receipts	_____	Subcontract Costs	_____	Premium	_____
2019 Payroll	_____	Gross Receipts	_____	Subcontract Costs	_____	Premium	_____
2018 Payroll	_____	Gross Receipts	_____	Subcontract Costs	_____	Premium	_____
2017 Payroll	_____	Gross Receipts	_____	Subcontract Costs	_____	Premium	_____

Loss History

Please attach hard copy loss runs for the most recent 4 years, for all lines of requested coverage, valued within 90 days of the proposed coverage effective date.

Have you ever been involved, or plan to be involved, in any of the following operations?

	Work You Perform		Work Performed by Subcontractors/others	
	Yes	No	Yes	No
Asbestos	[]	[]	[]	[]
Blasting / Explosives	[]	[]	[]	[]
Bridges/Dams/Airports	[]	[]	[]	[]
Chemical	[]	[]	[]	[]
Consulting / Engineering	[]	[]	[]	[]
Demolition	[]	[]	[]	[]
Drainage / Irrigation	[]	[]	[]	[]
Earthquake / Retro-fitting	[]	[]	[]	[]
EFIS (Exterior Finishing Insulation Systems)	[]	[]	[]	[]
Fire Protection	[]	[]	[]	[]
Flood Control	[]	[]	[]	[]
Gas Lines	[]	[]	[]	[]
Hazardous Materials transportation or clean-up	[]	[]	[]	[]
Hillside/slope	[]	[]	[]	[]
Landscaping	[]	[]	[]	[]
Medical / Industrial Life Support	[]	[]	[]	[]
Railroad	[]	[]	[]	[]
Recycling/Recovery	[]	[]	[]	[]
Refineries	[]	[]	[]	[]
Residential New Construction	[]	[]	[]	[]
Retaining Walls / Earth Stabilization	[]	[]	[]	[]
Roofing	[]	[]	[]	[]
Scaffolding Rental / Erection	[]	[]	[]	[]
Sewer / Septic Tank Cleaning	[]	[]	[]	[]
Swimming Pools	[]	[]	[]	[]
Tank Cleaning Hazardous	[]	[]	[]	[]
Testing/Analysis	[]	[]	[]	[]
Underground Tank Removal	[]	[]	[]	[]

Please explain all “Yes” answers:

Has any lawsuit ever been filed, or any claim otherwise been made against your company, or any partnership or joint venture of which you have been a member, or your company's predecessors in business, or against any person, company or entities on whose behalf your company has assumed liability? _____ Yes _____ No
If "Yes", please explain:

Is your company aware of any facts, circumstances, incidents, situations, damages or accidents (including, but not limited to faulty or defective workmanship, product failure, construction dispute, and property damage or construction worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? _____ Yes _____ No
If "Yes", please explain:

The undersigned applicant warrants the above statements and particulars, together with any attached or appended documents or materials ("this application"), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the Application as it may deem necessary.

The applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise, prior to the effective date of the policy issued pursuant to this Application, and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at sole discretion of the Company.

Notwithstanding any of the foregoing, the Applicant understands that the Company is not obligated nor under any duty to issue a policy of insurance based upon this information. The Applicant further understands that if a policy is issued, the Application will be incorporated into and form a part of such policy.

Applicant's Signature: _____

Applicant's Printed Name: _____

Applicant's Title: _____

Date: _____

**SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE
INSURER OR THE PROGRAM MANAGER TO COMPLETE THE INSURANCE.**