

## LANDSCAPING GENERAL LIABILITY SUPPLEMENT

(Include Acord application)

Applicant's Name: Mailing Address:			_ Location Address:	
Does applicant use pesticid How are employees trained		□ Yes □ No	If yes, are they EPA approved?	🗆 Yes 🗆 No
Does applicant subcontract If yes, type of work subcon		□ Yes □ No		
Are certificates of insurance obtained?		🗆 Yes 🗆 No	Annual Subcontract cost:	\$
Are utilities contacted prior to work?		🗆 Yes 🗆 No		
Any repair work offered?		🗆 Yes 🗆 No		
If yes, please describe:				
Type of equipment:				
Any loan or rental to others	s?	$\Box$ Yes $\Box$ No		

## **Description of Operations**

Category		Payroll	Receipts
Landscaping		\$	Not applicable
Law servicing (mowing, fertilizing, etc.)		\$	Not applicable
Snowplowing	Residential	\$	\$
	Commercial – Retail	\$	\$
	Commercial – Other	\$	\$
	Streets & Roads	\$	\$
Tree work		\$	Not applicable
Fumigation, crop dusting or aerial spraying		\$	Not applicable
Highway or utility right-of-way maintenance		\$	Not applicable
Sales of commercial fruit trees and/or seeds		Not applicable	\$
Other – Please describe		\$	\$
TOTAL PAYROLL (excluding snowplowing):		\$	Not applicable

## **Employee Data**

Category	Number
Owner(s) only	
Other than clerical:	
Full-time	
Part-time	
Leased	
TOTAL:	

During the past three years, has any comp	any ever cancelled, declin	ed or refused to issue simi	ilar insurance to the applicant?	$\Box$ Yes $\Box$ No
If yes, please explain:			Not applie	cable in Missouri

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date