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|--|--|--------------------------------|--|
|  | LANDSCAPE CONTRACTORS PROGRAM (LCP) Supplemental Application <small>www.constructioninsurancesolutions.com</small> | | Horizon E & S TI 805-494-6553 Fx 805-494-6778 |
| | Account Name | | Producer Name |
| Account Contact Name | | Producer e-mail address | |
| Account web site address | Account e-mail address | Date Completed | |
| Are you a member of a trade association? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Definitions of *italicized terms* are provided at the end of the supplement.

ELIGIBILITY:

1. A. Enter the percentage of the risk's operation which falls into each of the following categories:

- | | |
|---|---------|
| 1. Landscape contracting | _____ % |
| 2. Growing and/or selling plants, trees, shrubs or sod | _____ % |
| 3. Lawn care | _____ % |
| 4. Selling garden supplies | _____ % |
| 5. Interiorscape contracting | _____ % |
| 6. Tree/shrub pruning, spraying/dusting, repairing, trimming, removal or fumigating | _____ % |
| TOTAL | _____ % |

If the total is **less than 60%** the account is **ineligible** for the **LCP** program. If the risk does landscape contracting including design and installation work, complete 1B.

B. Indicate the percentage of landscape design and installation work for the following:

2. Does the risk complete any site preparation including rough and finish grading? Yes No
3. A. Does more than 40% of the insured's operations involve chemical application? Yes No
- B. Does the risk perform any utility line clearance or maintenance work? Yes No

If **Yes** to any of the above please **discuss the account** with your underwriter. If **Yes** to 3A, **please complete the Chemical Application Exposures section** at the end of this application.

4. A. Is the risk's total payroll (excluding clerical) less than \$40,000? Yes No

If **Yes** and the insured is not a Nurseryman or Garden Supply Dealer the account is **ineligible** for the **LCP** program.

B. Do the risk's operations include any of the following:

- | | |
|---|--|
| 1. Equipment rental or leasing to others exceeding 10% of total receipts | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Lawn care involving application of "Restricted Use" fertilizers, pesticides, or herbicides by an unlicensed applicator | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Installation of automatic sprinkler systems for indoor use | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Installation of plumbing systems outside of the scope of use for exterior landscaping, otherwise eligible above | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Snow removal exceeding 20% of total receipts | <input type="checkbox"/> Yes <input type="checkbox"/> No |

- 6. Aircraft spraying of any kind Yes No
- 7. Agricultural crop spraying Yes No
- 8. Logging Yes No
- 9. Utility line clearance/maintenance work more than 50% of total operations Yes No

If **Yes** to any of the above the account is **ineligible** for the **LCP** program.

5. Risk is operating as:

- Construction Manager* _____% *General Contractor* _____% Subcontractor _____%

6. Indicate the **average** percentage of the risk's TOTAL payroll or sales **during the past 5 years** for the following:

Percentages based on: (Check one)

Payroll or Sales

| | | | | | |
|---|---|---|-------------------------------------|---|--------|
| COMMERCIAL WORK | | | | | _____% |
| INDUSTRIAL WORK | | | | | _____% |
| HABITATIONAL WORK | | | | | |
| Please complete if the risk does any habitational work. | | | | | |
| HABITATIONAL WORK BREAKDOWN | % NEW or MAJOR REHAB/ RENOVATION | + | % SERVICE OR MAINTENANCE | = | |
| <input type="checkbox"/> CONDOMINIUMS (High And Low Rise) | % | + | % | = | _____% |
| <input type="checkbox"/> TOWNHOUSES | % | + | % | = | _____% |
| <input type="checkbox"/> <i>TRACT HOUSING</i> | % | + | % | = | _____% |
| <input type="checkbox"/> TRIPLEXES AND DUPLEXES | % | + | % | = | _____% |
| <input type="checkbox"/> CUSTOM HOMES (INCLUDING APTS) | % | + | % | = | _____% |
| <input type="checkbox"/> Other | % | + | % | = | _____% |
| OTHER WORK: PLEASE DESCRIBE: | | | | | _____% |
| TOTAL (THE TOTAL SHOULD EQUAL 100%.) | | | | | _____% |

7. List the states the insured worked in during the last 5 years.

8. Does the risk have any future plans related to work involving apartments, condos, townhouses, tract homes, custom homes or homes of unusual design? Yes No

If **Yes**, please describe.

9. Has the risk ever been named in claims and/or litigation regarding faulty or defective construction or workmanship, including claims due to *subsidence* issues? Yes No

- a. If **Yes**, was risk acting as a general or sub-contractor? Yes No
- b. Was it a habitational project? Yes No
- c. Was it a commercial project? Yes No

d. Provide detail on claims/litigation and how the issue was corrected.

10. Does risk have knowledge of any pre-existing act, omission, event; condition or damages to any person or property that may potentially give rise to any future claim or legal action? Yes No

If **Yes**, please describe.

If the answers to questions **8, 9, or 10** are **Yes**, please discuss the risk with your underwriter.

11. Any current or past involvement with *wrap-up/OCIP*? Yes No

Any residential *wrap-ups*? Yes No

12. Does the risk have a landscape architect on staff? Yes No

a. If **Yes**, does the risk carry professional liability insurance? Yes No

b. If **No**, does the risk require that the landscape architect carry his/her own professional liability insurance? Yes No

13. Does the risk have a quality control program? Yes No

If **Yes**, is it? Informal Documented

14. Does the risk retain job files? Yes No

If **Yes**, how long are they retained?

15. Does the risk sub-contract work? Yes No

If **Yes**, complete questions below.

16. List the types of work subcontracted.

a. Does the risk obtain Certificates of insurance from all subcontractors? Yes No

b. Is the risk named as an additional insured on all subcontractors' policies? Yes No

c. Does the risk require all subcontractors to carry primary limits equal to or greater than their own? Yes No

d. Does the risk use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the risk? Yes No

17. Indicate the types of subcontractor agreements the risk typically signs.

Standard (AGC, AIA contracts) Custom Other

CHEMICAL APPLICATION EXPOSURES

This section must be completed if the answer to 3. A. is Yes.

18. a. Does the insured use "Restricted Use" chemicals? Yes No

b. Do employees and/or supervisors have the proper EPA licenses? Yes No

(Applicator certification and license only required for the use of "Restricted Use" chemicals and is good for three years with annual renewal.)

If **No**, the account is **ineligible** for the **LCP** program.

If **Yes**, please provide the license(s) expiration date(s):

c. Are these licenses available for review? Yes No

19. What is the ratio of crew level unlicensed applicators to licensed commercial applicators on staff? (ratio < 10:1 is desired)

20. What is the breakdown of the risk's customer base?

Residential _____% Municipal _____% Commercial _____% Agricultural _____%

21. a. Are mixing procedures primarily? (check one) manual automated

b. Are they performed primarily at the insured's? (check one) premises jobsite

c. What personal protective equipment is used? (mixers should use gloves, face shields, aprons and boots)

d. Who is responsible for training employees that mix chemicals?

e. Are written instructions available for the mixing procedure? Yes No

22. What is the maximum amount of pesticide/herbicide in storage at any one time in each of the following containers?

55 gallon drums _____ # gallon tanks _____ # pound bags _____ #

23. Does the insured maintain the following records for at least 2 years?

a. Location of pesticide application Yes No

b. Date, time and weather conditions at time of application Yes No

c. Trade name, EPA registration number and amount of pesticide applied Yes No

d. Type, amount, location and method of pesticide disposal Yes No

24. Are the following safety precautions followed for all applications?

a. Occupants are notified verbally Yes No

b. Post application flagging and/or placarding of property Yes No

Describe all other safety precautions.

HISTORICAL EXPOSURE

| | Expiring Year Term: _____ | 1 st Prior Year Term: _____ | 2 nd Prior Year Term: _____ | 3 rd Prior Year Term: _____ | 4 th Prior Year Term: _____ |
|----------------------------------|------------------------------|---|---|---|---|
| Premium | | | | | |
| General Liability Payroll | | | | | |
| Receipts | | | | | |

Please complete if umbrella is needed.

Personal Usage

25. Does the insured allow anyone to take vehicles home? Yes No
If so, who and how many?
26. Do they have written guidelines on personal use of company vehicles? Yes No
27. Do they allow family members to drive the company cars? Yes No
28. Do they report personal usage as additional income? Yes No

DEFINITIONS

Construction Manager – Construction management takes two forms - "pure agency" construction management and "at risk" construction management. "A pure agency construction manager" is merely an agent of the owner, neither designing nor constructing the project. Instead, the manager administers the construction contract throughout the planning, design and construction phases of the project. An "at risk construction manager" provides construction advice and construction leadership on a project during the planning and design stages and also provides construction leadership, contract management, direction, supervision, coordination and control of the work during the construction phase.

General Contractor: A contractor who subcontracts work to others in excess of 50% of their total receipts, exercises primary control of the job-site, and is named in the construction documents as the general contractor of record.

Subsidence: Any movement of land or earth including: landslides; mudflow; earth sinking, rising, and shifting; collapse or movement of fill, earth settling, slipping, falling away, caving in, eroding or tilting; and earthquake.

Tract Housing: Typically developments in which a given developer is involved with multiple homes in a given area with the following characteristics: similar lot size, similar cost, and similar or limited floor plans.

WORKERS COMPENSATION

(IF YOU WANT A WORKERS COMPENSATION QUOTE PLEASE COMPLETE THIS SECTION)

RISK MANAGEMENT

Hiring Practices:

29. Do you have check references for new hires? Yes No
30. Do you conduct pre-employment drug testing? Yes No
31. Do you conduct pre-employment physicals? Yes No
32. Do you conduct pre or post employment road tests for drivers? Yes No

Pre-Lost Procedures:

33. Do you have a Safety Director? Yes No
34. Do you have a Formal Safety Program?
If yes, how does Management support it? Yes No
35. Do you have Safety Training? Yes No

| | |
|--|--|
| If yes, what is the frequency of the training? | |
| Is attendance mandatory? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are they documented? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

36. Do you have tailgate safety meetings? Yes No

Post-Lost Procedures:

- Do you have a Return-to-Work Program? Yes No
37. If yes it is written and formal? Yes No

MANAGEMENT

38. What is your employee turnover ratio? Yes No

Employee Stability:

39. What is the average tenure of your employees? Full time _____ Part time _____
40. Do you use temporary employees? Yes No
41. Do you promote temporary employees to permanent? Yes No
42. What is your employee turnover ratio?

Employee Relations:

43. Do you provide employee benefits? Yes No
44. Do you subsidize the cost of benefits? Yes No
45. How does your pay scale compare with the industry in your locale?

HISTORICAL EXPOSURE

| | Expiring Year | 1st Prior Year | 2nd Prior Year | 3rd Prior Year | 4th Prior Year |
|--------------------------------|----------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Premium: | | | | | |
| Workers Comp Payroll | | | | | |
| Experience Modifier | | | | | |
| Currently Valued Losses | | | | | |

Please attach the current experience modification worksheet.

Information provided by the named insured to the Claim Documentation Program will be kept in strict confidence and can only be released to the insurance carrier's claims adjuster related to a specific claim reported by the above noted named insured. This information will not be released without the express written consent of the named insured or the insured's agent, unless ordered to do so by court processes. In the event any records are subpoenaed the insured will be notified immediately.

Producer's Signature **Date**

Applicant's Signature **Date**