

Horizon E & S Insurance Brokerage  
 875 S. Westlake Blvd., Suite 218  
 Westlake Village, CA 91361  
 Fax: (805) 494-6778

New Business

**LAWN & ORNAMENTAL PROGRAM**

9/6/07

Please Complete All Sections  
**THIS IS NOT A BINDER FOR COVERAGE**

1) Proposed Effective Date                      2) Proposed Expiration Date                      3) Today's Date:

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4) NAME OF APPLICANT AND /OR CORPORATE NAME (Use separate sheet if more space is needed):


<p>5) MAILING ADDRESS:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr> <td style="width:30%;">CITY:</td> <td style="width:70%;"></td> </tr> <tr> <td>STATE:</td> <td>ZIP CODE:</td> </tr> </table>			CITY:		STATE:	ZIP CODE:	<p>PHYSICAL ADDRESS</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr> <td style="width:30%;">CITY:</td> <td style="width:70%;"></td> </tr> <tr> <td>STATE:</td> <td>ZIP CODE:</td> </tr> <tr> <td colspan="2">County:</td> </tr> </table>			CITY:		STATE:	ZIP CODE:	County:	
CITY:															
STATE:	ZIP CODE:														
CITY:															
STATE:	ZIP CODE:														
County:															

6) E-Mail ADDRESS:

7a) CONTACT FOR INFORMATION AND FINAL AUDIT ADJUSTMENT:

7 b) ALTERNATE CONTACT:

8) TELEPHONE:  9) FAX:  10) ALTERNATE PHONE:

11) TYPE OF BUSINESS ENTITY:  SOLE PROPRIETOR     PARTNERSHIP     CORPORATION     OTHER    FEDERAL ID #

12) EXPERIENCE:    YEARS WORKING FOR OTHERS     YEARS AS OWNER

13) INVOLVED IN BUSINESS FULL TIME  YES  NO    OVER THIRTY HOURS / WEEK?  YES  NO    Social Security #

14) DESCRIPTION OF OPERATIONS:

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15) MEMBER OF ANY ASSOCIATIONS  YES  NO    WHICH ONES? PLEASE LIST BELOW

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16) TOTAL GROSS SALES:     TOTAL PAYROLL:     17) REQUESTED LIMIT OF LIABILITY

18) OPERATIONS	<input type="checkbox"/> % Lawn Application <input type="checkbox"/> % Landscaping Operations <input type="checkbox"/> % Residential <input type="checkbox"/> % Commercial	<input type="checkbox"/> % Agricultural <input type="checkbox"/> % Municipalities <input type="checkbox"/> % Sprinkler Installation <input type="checkbox"/> % Snow Removal	<input type="checkbox"/> % Earth Moving <input type="checkbox"/> % Construction <input type="checkbox"/> % Agricultural Fumigation: <input type="checkbox"/> % Other Operations (Radon, Water and Septic Testing etc.)	
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19) OPERATING LOCATIONS (IF DIFFERENT FROM MAILING ADDRESS)

	MAIN LOCATION	LOCATION 2	LOCATION 3
ADDRESS:			
STATE:			
	<input type="checkbox"/> OWN <input type="checkbox"/> LEASE	<input type="checkbox"/> OWN <input type="checkbox"/> LEASE	<input type="checkbox"/> OWN <input type="checkbox"/> LEASE

LICENSE #-

20) ESTIMATED SALES BY CATEGORY AND STATE:

Lawn Application Sales		
Lawn Care Sales		
Landscape Payroll		
General Pest Control		
Snow Removal		
Tree Work Payroll		
Product Sales:		
Irrigation		
Carpentry:		
Other Income (explain):		
State Total:		

21) EMPLOYEE HIRING SECTION:

	WHEN HIRING	PERIODICALLY	HOW OFTEN			VRC#
	CHECK	YES	Annually	Two Years	Five Years	Never Again
A) OBTAIN A MOTOR VEHICLE REPORT:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) COMPLETE EMPLOYMENT APPLICATION:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) OBTAIN AN UP-TO- DATE PHYSICAL:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) OBTAIN A DRUG SCREENING TEST:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) COMPLETE A BACKGROUND CHECK:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F) TEST THEIR PEST CONTROL / LAWN CARE KNOWLEDGE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22) CUSTOMER INFORMATION:

- A) BEFORE PROVIDING SERVICES TO A NEW CUSTOMER, DO YOU OBTAIN A PROFILE OF THE CUSTOMER IN TERMS OF POTENTIAL MEDICAL PROBLEMS AS IT RELATES TO THE LAWN INDUSTRY? YES  NO
- B) ALONG WITH MSDS SHEETS, DOES THE TECHNICIAN PROVIDE ANY WRITTEN OR VERBAL COMMUNICATION OUTLINING HAZARDS AND PRECAUTIONS TO BE TAKEN BY THE CUSTOMER RELATING TO CHEMICALS USED?
- C) DO YOU HAVE A RESPONSE PROCEDURE FOR CUSTOMER COMPLAINTS?

23) RECORD KEEPING:

- A) DO YOU HAVE PREPRINTED RECORD KEEPING FORMS THAT ALLOW THE TECHNICIAN TO CHECK OFF APPROPRIATE BOXES, THEREBY AVOIDING HANDWRITING ERRORS AND MISTAKES ON CHEMICAL CONCENTRATIONS?
- B) ARE SPECIFIC RECORDS KEPT FOR EACH TECHNICIANS: TRAINING?    
CONTINUING EDUCATION    
INVENTORY USE?
- C) ARE MSDS KEPT ON FILE WITH AN ORGANIZED PROGRAM FOR UPDATES?
- D) ARE CUSTOMER RECORDS MAINTAINED CONCERNING:  
PAST AND CURRENT CONTRACTS    
ACCIDENTS AND / OR COMPLAINTS    
AMOUNT OF PESTICIDE USED PER JOB SITE

24) SAFETY PROGRAM (IF YES PROVIDE COPIES OF WRITTEN MATERIALS)

- A) IS THERE A WRITTEN COMPANY SAFETY PLAN IN PLACE?
- 1) IF YES, IS A COPY AVAILABLE ON OUR REQUEST?
- 2) IF NO, IS THERE ANY COMMUNICATION ON SAFETY ISSUES? (DESCRIBE BELOW)

IF YES PROVIDE DETAILS:

- B) ARE "SPOT CHECKS " CONDUCTED TO VERIFY COMPANY POLICY IS BEING FOLLOWED?
- C) DO YOU PROVIDE FORMAL EMPLOYEE SAFETY TRAINING?
- D) IS PROPER TRAINING PROVIDED ON ALL SAFETY EQUIPMENT?
- E) DO EMPLOYEES WEAR KNEE PADS, HEAD GEAR, PROPER SHOES, EAR PLUGS AND SIMILAR PROTECTIVE WEAR?
- F) DO EMPLOYEES ATTEND FORMAL SAFETY MEETINGS?    
ARE THEY DOCUMENTED?

25) HERBICIDE / PESTICIDE USE

A) NUMBER OF LICENSED TECHNICIANS: \_\_\_\_\_ B) NUMBER OF NON-LICENSED TECHNICIANS: \_\_\_\_\_

- C) Are procedures written detailing control techniques for each pest for different environments?
- D) Have you issued proper safety equipment for each pesticide/herbicide as listed on label?
- E) Do you have a formal emergency spill control procedure?
- F) Are technicians periodically tested on this procedure?

G) List all chemicals, herbicides and pesticides used:

**GENERAL LIABILITY PREMIUM AND LOSS HISTORY (Attach additional pages for Property, Equipment and Auto):**

CURRENT YEAR	Carrier	Policy Number	LIMIT	Premium	CHECK IF NO KNOWN CLAIMS <input type="checkbox"/>
Date of Loss	Description of Loss			Amount Paid	Status
Has Policy been canceled? <input type="checkbox"/> YES <input type="checkbox"/> NO					

1st PRIOR YEAR	Carrier	Policy Number	LIMIT	Premium	CHECK IF NO KNOWN CLAIMS <input type="checkbox"/>
Date of Loss	Description of Loss			Amount Paid	Status
Has Policy been canceled? <input type="checkbox"/> YES <input type="checkbox"/> NO					

2nd PRIOR YEAR	Carrier	Policy Number	LIMIT	Premium:	CHECK IF NO KNOWN CLAIMS <input type="checkbox"/>
Date of Loss	Description of Loss			Amount Paid	Status
Has Policy been canceled? <input type="checkbox"/> YES <input type="checkbox"/> NO					

I certify that the above loss information, to the best of my knowledge, is true. I understand that a misrepresentation would be grounds for cancellation and denial of coverage

Applicant's Signature

Print Applicant's Name

Date

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT, MATERIAL HERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED AMOUNT OF THE CLAIM FOR EACH SUCH VIOLATION.

APPLICANT'S SIGNATURE AND TITLE

PRINT APPLICANT'S NAME

DATE

COMMENTS:

PLEASED WITH OUR COVERAGE AND SERVICE?

PLEASE RECOMMEND A FRIEND !

NAME \_\_\_\_\_  
 COMPANY \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 EMAIL \_\_\_\_\_

## Supplemental Insurance Application for Businesses Engaged in Lawn Care and Landscaping

To guide your insurance application toward companies ready to pay claims arising from your type of work, please record below approximately how much in revenues you earn from the types of work you do for the customer groups shown below. Municipal clients include park districts and school districts. Commercial clients include general contractors and other businesses with more than five acres of grounds and businesses such as golf courses.

Please repeat your business name and website address here:

In what year did you begin Landscaping or lawn care operations? _____			
What do you expect your Total Revenues from landscaping and related work will be in the upcoming policy period? \$ _____			
Of this revenue, what percentage do you sub out to other firms? _____%			
Of the Total Revenue shown above, please estimate below how much is earned from the customer groups below.			
Work for Residential and commercial clients	Work for Municipal and Governmental clients	Work for General Contractors	Other - Explain
%	%	%	%

Services	What percentage of your revenue comes from these services
Lawn Care including Mowing and Raking, Core Aeration, Applying of Fertilizer, Weed Control, or other Chemical Service, Tree and Shrub Planting, Spraying/ Injection/ Trimming/ Removal, Stump Removal, Brush & Lot Clearing, and Chipping, Landscaping work including underground work and sidewalk – driveway work, Firewood Sales	%
Excavating / Grading for Construction Projects	%
Lawn sprinkler installation or service work	%
Retail Nursery Sales	%
Retail or Wholesale Sales of Equipment or Chemical products	%

<b>In the checkboxes below please indicate if you perform these services:</b>			
Wild Bird/Animal Trapping	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mosquito Control – Airborne Spray
Work done on, or for, farms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mosquito Control –Other Explain
Swimming Pool Construction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Airborne Spraying other than any described above
			If yes, explain
Other landscaping / lawn care work done or products sold, not shown above – please explain			What percentage of your revenue comes from this:
			%

If you engage in landscaping or excavation work for large commercial businesses, or municipal or governmental entities, please attach your schedule of mobile equipment (from your application for property insurance) at the end of this application.

1.	Describe other operations (other than lawn care) which you do during the off season:		
2.	Do you lease equipment from others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you lease equipment to others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Of the work that you take on, what services do you sub out to other firms?		
4.	When you use sub-contactors, do you require that they furnish you with a certificate of insurance?		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Is any mechanical equipment or contractors equipment left unattended overnight at a jobsite?		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Supplemental Insurance Application for Businesses Engaged in Lawn Care and Landscaping

In questions 6 and 7 below, "New/Rehab Construction" refers to excavation, grading, and construction of new or rehabilitated residential properties and "Service/Maintenance" refers to lawn and garden work, including pest control and tree trimming.

6. What percentage of your work in the last five years falls into the categories below:

	New/Rehab Construction	Service/Maintenance
A. Condos, apartments, townhouses, other Multi-family residential properties	_____ %	_____ %
B. Tract Housing	_____ %	_____ %
C. Single Family Housing	_____ %	_____ %

7. What percentage of your work in the next twelve months will fall into the categories below:

	New/Rehab Construction	Service/Maintenance
A. Condos, apartments, townhouses, other Multi-family residential properties	_____ %	_____ %
B. Tract Housing	_____ %	_____ %
C. Single Family Housing	_____ %	_____ %

8. Are you now, or have you in the past, been insured under a Wrap-Up or OCIP (Owner Controlled Insurance Program) ?  Yes  No

9. If you do work for contractors or others who require you to add them as additional insureds on your insurance coverage, please list these firms or other entities below or attach a separate sheet:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Please describe your largest four projects in the past 24 months:

Work performed	Revenue Earned	% of Total	Client(s) Served
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Lawn, Garden, Landscaping Claim History / Loss Experience - Please attach 3 years of loss runs

12. If any of the claims in the loss runs were paid or reserved at more than \$10,000 Please explain what happened?

13. Have you ever been named in a claim alleging a construction defect?  
If Yes, please explain what was the date of loss and what happened?

14. Are you aware of any incidents or conditions related to work which you performed or subbed out, which may give rise to a claim in the future? Please explain, what happened?

I hereby certify that all information is accurate to the best of my knowledge.

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature

Date

Producer

Date