



LAWN MAINTENANCE AND GARDENING SUPPLEMENTAL APPLICATION

A. APPLICANT INFORMATION

Applicant Name¹: _____ Web Site Address: _____
 Quote/Policy Number: _____ Date Quote Needed: _____
 Agency Name and Number: _____ Effective Date: _____

¹ Whenever used in this Application, the term "Applicant" includes all firm names, trading names, 'Doing Business As' (DBA) names, and if incorporated, the Parent Corporation and all of its subsidiaries, unless stated to the contrary in the Remarks section of this Application.

B. GENERAL INFORMATION

1. Describe the operation by providing the percent of total operations resulting from each item listed under the three groups below.

- | | | | |
|---|---------|---|---------|
| a.) Residential: | _____ % | | |
| Commercial: | _____ % | | |
| Public: | _____ % | | |
| | | | |
| b.) Lawn Maintenance (mowing lawns): | _____ % | Building/Repairing Decking: | _____ % |
| Lawn Care (de-thatching, aerating, fertilizing or seeding): | _____ % | Building/Repairing Walks, Driveways, Sidewalks (Dry Laid-Flagstone, Brick, Cobblestone, etc.):* | _____ % |
| Pesticide and Herbicide application exposure*: | _____ % | Installing Underground Sprinkler Systems*: | _____ % |
| Planting, Removing or Trimming Shrubs: | _____ % | Installing Underground Drains or Lighting*: | _____ % |
| Planting Trees: | _____ % | Installing Ornamental Pools, Fountains or Spas: | _____ % |
| Tree Trimming*: | _____ % | Strip Mine Reclamation*: | _____ % |
| Tree Removal*: | _____ % | Retail Sales Receipts: \$ _____ | _____ % |
| Grading of Land*: | _____ % | | |
| Excavation*: | _____ % | | |
| Building/Repairing Fences or Walls: | _____ % | | |

*Describe: _____

- c.) Operating as a Prime Contractor: _____ %
 Operating as a Sub-Contractor: _____ %

2. Any nursery or greenhouse operation? Yes No

Describe: _____

3. Any snowplowing? Yes No Receipts: \$ _____
(If yes, additional snow removal supplemental application may be required)

4. Any hauling for others? Yes No Receipts: \$ _____

Any underground storage tanks owned/operated? Yes No

5. If yes, please complete the Environmental Exposures Supplemental Application – DCCL-EE SA Ed. 08/08.

6. Does applicant subcontract out any work? Yes No
 If yes, indicate:
 a. Operations performed by subcontractor(s) with total cost of subcontracted work? Describe: Do operations include the application of herbicides or pesticides? Do any subcontractors carry coverages or limits less than in which a license or permit is required to apply? Yes No
 b. Operations performed by subcontractor(s) with total cost of subcontracted work? Describe: Do operations include the application of herbicides or pesticides? Do any subcontractors carry coverages or limits less than in which a license or permit is required to apply? Yes No
7. If yes, describe & include any applicable license number. Yes No
-
8. Yes No
-

9. Any excavation? Yes No
 If yes, complete the following:
- a. Is the appropriate Public Utility Inquiry Phone Number called prior to digging in order to locate underground utility lines? Yes No
 - b. Are records kept of the inquiry and visual evidence of the markings? Yes No
 - c. Are excavations marked and guarded at the end of each day? Yes No
 - d. Is there ever excavation or work done in trenches below four feet deep? Yes No
 If yes, are OSHA guidelines followed for all excavations or trenches below four feet deep in which employees could potentially be exposed to cave-ins? Yes No
 Please check trenching risk controls that are used:

Sloping or Benching	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shoring or Bracing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shield Placement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use of Competent Person	<input type="checkbox"/> Yes <input type="checkbox"/> No
- e. What is the maximum depth of excavation? _____ ft.

10. Check any loss prevention controls in place:
- Safety committee
 - Posted physicians panels
 - Light duty return to work program
 - Written safety program
 - "Tool Box" safety talks
 - Other (Describe): _____
-

11. List largest jobs in progress.

	Customer Name	Location/Description	Cost
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

12. List largest jobs completed within the past year.

	Customer Name	Location/Description	Cost
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

REMARKS: