

Application for Landscaper Coverage from The Hartford

General Information			
Named Insured:		Website Address:	
Years In Business:		Years Experience:	
Commercial %:	Residential (Homeowner) %:	Government %:	
Number of Employees:	Full Time:	Part Time:	Seasonal:
Professional Affiliations: <input type="checkbox"/> TCIA <input type="checkbox"/> ISA Other:			
Safety/Claim Contact Name:		Safety/Claim Contact Email:	
Employee Year Over Year Turnover: %			
Breakdown of Operations	% of Total Ops	Payroll	Sales
1. Tree Work			
2. Landscape/Lawn Maintenance/Lawn Service			
3. Landscape Construction			
4. Herbicide/Pesticide			
5. Grading of Land			
6. Utility Line Clearance			
7. Department of Transportation Projects (e.g., PennDOT, CalTRANS)			
8. Railroad Line/Crossing Clearance			
9. Large Tree Moving/Relocation			
10. Consulting (not including estimates/bids)			
11. Mulch or Firewood Sales/Delivery			
12. Nursery – Wholesale or Retail			
13. Green Roofs			
14. Other Operations:			
Estimated Sales for this year:	\$	1st Prior Year: \$	2nd Prior Year: \$
Estimated Payroll for this year:	\$	1st Prior Year: \$	2nd Prior Year: \$
Safety Program			
1. Do you have a formal written safety program?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have regular safety meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Often?	
3. Do you conduct regular work site inspections?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Often?	
4. Do you have a written accident investigation program?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have a drug and alcohol policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have an incentive program for employees?			<input type="checkbox"/> Yes <input type="checkbox"/> No
General Liability			
1. Is job site closed off to the public?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have vehicle backing and parking, pedestrian safety, and cone or flagger policies?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have job site training and supervision?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you completed any technical certification programs?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Certified Arborist	<input type="checkbox"/> Yes <input type="checkbox"/> No	# _____	
TCIA Accreditation	<input type="checkbox"/> Yes <input type="checkbox"/> No	# _____	

General Liability

5. Do you follow ANSI A300 pruning standards and ANSI Z133/1 safety standards including job site controls to prevent falling branches/trees hitting third parties? Yes No
6. Do you follow OSHA Standards for tree care industry (29 CFR 1904 and 29 CFR 1910) and/or landscape (29 CFR 1910 and 29 CFR 1926)? Yes No
7. For operations in hot/dry conditions/wildfire areas do you have procedures (e.g., final check of area and have water trailer/fire extinguishers available?) to prevent fires? Yes No
8. Are utilities contacted to locate underground utilities before commencing work (e.g., stump grinding, hardscape installation, etc.)? Yes No
9. Do you install retaining walls? Yes No
- a. **If yes**, what is the maximum height of retaining wall installation? _____
- b. If maximum height is above 4 feet do you obtain permits and use structural engineers before installation? Yes No
10. Do you use drones? Yes No
11. Do you use leased/temporary workers? Yes No
12. List your Top 5 largest jobs in the past 12 months:
- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

Subcontracting

1. Do you subcontract any work to others? (**If yes**, please complete the following questions and attach a copy of an executed contract for review.) Yes No
- a. What percentage of gross revenues is subcontracted? _____%
- b. Total of subcontracted work (cost): current year estimated: \$ _____
1st Prior Year: \$ _____ 2nd Prior Year: \$ _____
2. Describe the work that's subcontracted to others:

- a. Do you require an executed written subcontracting agreement containing a defense indemnification and hold harmless provision in your favor prior to start of work? (**If yes**, please provide copy.) Yes No
- b. Does the contract require you to be named as an additional insured for ongoing operations (CG 20 10 or equivalent) and completed operations (CG 20 37 or equivalent)? Yes No
If yes, does such contract require coverage be provided on a primary and non-contributory basis? Yes No
- c. Do you require a Waiver of Subrogation on a subcontractor's policy? Yes No
- d. Do you obtain certificates of insurance from all subcontractors prior to starting a job? Yes No
- e. Do you require your subcontractors to carry limits equal to or greater to their own? Yes No
- NOTE:** If exposure exists, please include a copy of an executed agreement used with your subs with submission.

Crane Operations

1. Do you own cranes? Yes No Do you rent/lease cranes? Yes No **If yes**, please continue.

2. Are cranes rented with operators? Yes No

3. Do you rent/lease cranes to others? Yes No With operators? Yes No

4. Do you always use a contract when leasing/renting? Yes No **If yes**, please provide contract.

5. List year, make and model of all owned, hired or leased cranes:

6. Do you have a formal documented maintenance, inspection and repair program? Yes No

7. Is there a pre-shift documented inspection of rigging equipment? Yes No

8. Are crane operators CCO certified and/or licensed where required? Yes No

9. List all operations performed by you or on your behalf with cranes:

Residential – New Developments and Service/Maintenance of Existing Homes

Any work completed in the past 10 years for any of the following:	New	Service & Maintenance
1. Condos/Town Homes/Apartments	%	%
2. Single Family Housing (Custom and/or High End)	%	%
3. Tract Housing (Developments under construction consisting of homes of similar lot size and cost and similar or limited floor plan)	%	%

Snow & Ice Removal/Snow Plowing

Snow Plowing: Yes No **If yes**, please complete the following:

	% of Plowing	Payroll	Sales
a. Residential (Private Homes)			
b. Condo			
c. Apartment Complexes			
d. Office Parks			
e. Malls			
f. Streets, Roads or Airport Runways			
g. Other			
TOTAL			

NOTE: If exposure exists, please provide a copy of plowing agreement and client list with submission.

Supplemental New York Underwriting Questions

1. Do you do work in New York? Yes No

2. If yes, please provide % of NY operations ____ and WC Payroll \$ _____

3. Provide % of work in NYC (5 boroughs) ____% + Albany ____% + Erie County ____% + Remainder of the state ____% = 100%

4. Provide breakdown of work in above locations:

Tree Care ____% + Landscape Construction ____% + Lawn/Landscape Maintenance Work ____% = 100%

5. Provide % of operations:

Commercial ____% + Residential ____% = 100%

6. If you're involved in commercial work advise of % landscape construction ____%

7. Workforce:

% Union ____ + % Non-union ____ = 100%

8. Work contracted with:

GC ____% + Commercial Business ____% + Government Entity ____% + Residential Homeowner ____% = 100%

9. Do you enter into any contacts in New York with commercial entities naming them as Additional Insured and Indemnifying/Holding Them Harmless? Yes No

PLEASE ALSO PROVIDE IF EXPOSURE EXISTS:

- Copy of executed contract utilized with New York subcontractors
- Copy of executed contract for one of the commercial entities you do work for in New York

Automobile

1. Do you have a driver training program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you have a written distracted driving/cellphone texting policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you have telematics, GPS or similar vehicle monitoring system? If yes , please provide the name of your TSP (Telematics Service Provider):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are employees trained in accident reporting procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are road tests required for new hires?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Please attach a full driver's list to include all employees, spouses and family members that may drive a company owned vehicle or their personal auto on company business including date of birth, state and license number. a. Is there any personal use allowed on company owned vehicles? If yes , please explain restrictions: _____ b. Do you maintain driver files? If yes , please check what's included in files: <input type="checkbox"/> Application <input type="checkbox"/> Interview <input type="checkbox"/> Copy of Driver License <input type="checkbox"/> Initial MVR <input type="checkbox"/> Periodic MVR <input type="checkbox"/> Road Testing/Results <input type="checkbox"/> Physical Exam <input type="checkbox"/> Written Test/Results <input type="checkbox"/> Other (please explain).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you receive and review MVRs for all employees that may drive on company business, including employees using their personal vehicle? a. Do you have a formal written policy on personal usage set standards that are measured against and enforced? b. Please attach a copy or briefly describe: _____ c. How often are MVRs checked? <input type="checkbox"/> Upon hire <input type="checkbox"/> Annually <input type="checkbox"/> N/A <input type="checkbox"/> Other d. Do you have an Acceptable Driver criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe or attach a copy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Hired Auto Coverage

1. Do employees rent or lease vehicles for company business? a. Average number of vehicles hired per year: _____ b. Average daily cost per rental: _____ c. Average number of days per rental: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. What's the total annual cost of hire? \$ _____		
3. What types of autos are hired, other than PPTs hired? _____ Please provide the percentage of other than PPTs: _____%		
4. Please select one of the following options: <input type="checkbox"/> Insured purchases liability and physical damage coverage offered by rental car companies <input type="checkbox"/> Insured does not purchase liability and physical damage coverage from rental companies <input type="checkbox"/> Insured would like The Hartford to provide this coverage on a primary basis		

Non-owned Auto Coverage

1. How many employees do you have driving or non-driving? _____		
2. How many employees, owners or officers use personal vehicles on company business? _____ a. How many days on average per week do these employees use their vehicle for business? _____		
3. For these employees, what minimum personal auto liability do you require? \$ _____ a. Do you confirm that your employee does not carry a business use exclusion on their auto policy? b. Are certificates of insurance obtained and kept on file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are periodic safety inspections completed on employee's vehicles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Inland Marine – Contractors Equipment

1. Do you train operators on equipment use, transportation, loading/unloading, securing onto vehicles? Yes No

2. Is there a formal written equipment maintenance program? Yes No

3. Is any equipment leased/rented/loaned to others? Yes No
If yes, with operators? or without operators?
 How long? _____ and, what type of equipment? _____
 Are rental/leasing contracts utilized? Yes No

4. Installation coverage? Yes No **If yes:**
 * Limit requested: \$ _____ * Gross receipts (revenue) annually: \$ _____

Property

1. Is property fenced? Yes No

2. Location security: Alarmed: Yes No Camera(s)/surveillance: Yes No

3. Exterior lighting present? Yes No

Pesticide and Herbicide Applicators Questionnaire

1. Annual sales and/or percentage of operations from pesticide and herbicide applications:
 \$ _____ and/or _____%

2. Do you comply with usage and record keeping guidelines outlined on EPA and state required labels? Yes No

3. Are your employees who apply pesticide/herbicide licensed or supervised by a licensed applicator? Yes No

4. Do you have a training program for use of pesticides/herbicides? Yes No

5. Do you have a spill response program or employee training of what to do if a spill occurs? Yes No

6. Is there a licensing or certification requirement to apply pesticides and herbicides? Yes No

7. Is re-certification required? Yes No
If yes, please explain: _____

8. Please provide license number and forward copies of all required licenses or certificates:

9. What is the education background or experience of the mixer?

10. What is the experience of the mixer?

11. How are pesticides/herbicides applied? Check all that apply:
 Backpack Truck Mounted Gun Spreader ATV Inland Marine Equipment
 Injection Other (Please list): _____

12. Do you have a procedure for posting the area after the application of herbicides and/or pesticides to prevent undesirable contact with the effected area? Yes No
If no, please explain: _____

13. Do you perform any type of aircraft spraying? Yes No

14. Do you follow federal, state and local requirements when disposing of pesticides or herbicides? Yes No

15. Do you conduct any type of agricultural spraying (orchards, crops, etc.)? Yes No
If yes, please explain: _____

16. Do you apply any pesticides/herbicides indoors off-premises (bugs, rodents, plants, etc.)? Yes No
If yes, please explain: _____

17. Do you use any "restricted use" fertilizers, pesticides or herbicides? Yes No
If yes, please list: _____

18. Do you use any herbicides containing Glyphosate (ROUNDUP, etc.)? Yes No

19. List controls in place to prevent theft, fire and seepage:

20. Have you ever been investigated by a governmental agency in connection with an actual or alleged pollution incident? Yes No
If yes, please explain: _____

Pesticide and Herbicide Applicators Questionnaire (continued)

List ALL Pesticides, Herbicides and Fertilizer used; average amount kept on hand; and location stored:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____

Fraud and Applicant's Signature | Fraud Warning Statements

Knowingly presenting false or misleading information in an application for insurance may be a crime and violation of law subjecting the applicant to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island and West Virginia applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alabama applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Colorado applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia applicants: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida applicants: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York applicants: 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 thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or the stated value of the claim for each such violation.

Ohio applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Fraud and Applicant's Signature | Fraud Warning Statements

Oklahoma applicants: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon applicants: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or; (2) filing a claim containing a false statement as to any material fact may be violating state law.

Pennsylvania applicants: Any person who knowingly and with intent to injure or defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false, incomplete, or misleading information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties, including imprisonment for up to seven years and payment of a fine of up to \$15,000.

Tennessee applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington applicants: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Arbitration Statement

Applicable to Utah applicants: If the policy will contain an arbitration clause: Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of the (American Arbitration Association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgment in any court of proper jurisdiction.

SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM.

APPLICANT'S STATEMENT: I, being duly authorized, have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a Warranty).

Authorized Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____

Producer's Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____

License Identification Number or National Producer Number: _____

(Florida Producers must Provide License Identification Number)

* The Hartford as used above includes of one or more of the property and casualty company subsidiaries of The Hartford Insurance Group, Inc. The subsidiary companies are Hartford Accident and Indemnity Company, Hartford Casualty Insurance Company, Hartford Fire Insurance Company, Twin City Fire Insurance Company, Hartford Underwriters Insurance Company, Hartford Insurance Company of Illinois, Sentinel Insurance Company Limited, Hartford Insurance Company of the Midwest, Trumbull Insurance Company, Hartford Insurance Company of the Southeast, Property and Casualty Insurance Company of Hartford, Hartford Lloyd's Insurance Company, and Pacific Insurance Company. Please note that not all of the listed insurance companies may be licensed in all states and the District of Columbia.

Please send all submissions to one of the following locations:

Postal Mail

The Hartford
Specialty Programs
690 Asylum Avenue, T-4
Hartford, CT 06155

Email

mmprograms@thehartford.com

Fax

1-877-905-6236

