



Landscapers Supplemental Application



PREMIER UNDERWRITERS, INC.

General Business Information:

Name of Company (Include DBA or AKA):	
Website address:	
Inspection Contact Name/E-mail address/Phone Number:	
Applicant Business Structure: <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
<input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (Specify)	
Licenses Required/Held	License Numbers
Active in any Other Lines of Business (Describe):	
Largest Size of Job (Sales) \$:	Typical Size of Job (Sales) \$:
Describe <u>all</u> your operations in detail:	

Subcontracting Activities:

<p style="margin: 0;">% of Work Subcontracted to others – Describe:</p> <p style="margin: 10px 0 0 20px;">% of Applicant Activities Working as a Subcontractor for Others - Describe:</p> <p style="margin: 10px 0 0 20px;"><input type="checkbox"/> Written Contracts with all Subcontractors that Includes GL Limits of insurance required and a Hold Harmless agreement in applicant’s favor:</p>
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Type of Customers (Percentage of Each):

% Residential	% Commercial	% Industrial	% Institutional
% Governmental			

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.



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Any work conducted for Home Owners Associations Yes No

Has the type of Business Activity Changed In the Last 3 years:

Height/Number of stories:

Landscaping Activities:

<input type="checkbox"/> Plant Trees and Shrubs	<input type="checkbox"/> Tree Trimming/Removal
<input type="checkbox"/> Seed/Sod	<input type="checkbox"/> Garden/Mulch
<input type="checkbox"/> Lawn Mow/Trim	<input type="checkbox"/> Grow Own Trees/Shrubs (Provide Description of activities):
<input type="checkbox"/> Hardscaping (decks, patios, retention walls, sidewalks, driveways or decorative walls and surfaces):	<input type="checkbox"/> Install Lawn Sprinkler Systems
<p>Appliance Installations:</p> <p><input type="checkbox"/> Electrical lighting/outlets or lamp posts:</p> <p><input type="checkbox"/> Exterior plumbing for sinks, faucets or fountains:</p> <p>(If yes – any underground wiring or plumbing) – Describe:</p>	
<p>Excavations:</p> <p>Maximum Depths Excavated:</p> <p>Utility Company Notified Prior to Digging: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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Land Grading: Yes No

Spray Activities:

Fertilizers Pesticides Herbicides Insecticides Fungicides

Liquid, Powder or Granular Applications:

If Yes, are they EPA approved: Yes No – If No – Describe:

Are all your employees who apply pesticides/herbicides licensed or

supervised by a licensed applicator: Yes No – If no, Explain why not:

Other Activities:

% Snow Plowing Activities:

- Residential: Private homes
- Condos, Apartment Complex
- Public Access Office Developments /Malls
- Office Developments With no Public Access
- Public Streets/Roads – Municipal work
- Are all snowplowing activities by contract
- Application of non-slip material (salt, sand, cinders, etc.) – Describe:

Comments:

Any Swimming pool construction – Describe:

Installation of Ponds – Describe:

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Equipment:



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Lease, rent equipment to other contractors With or without Operators – Describe:

Lease, rent or borrow equipment from others – With or without Operators

Describe:

Written contract in place detailing Equipment maintenance/repair responsibilities:

Comments:

Current Job Sites:

Job Name	Job Description	Job Cost \$

Radius of Operations:

Out of State Work %:

Three Year Loss Information:

Date	Description of Loss	Amount Paid/Incurred

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Comments:

Applicant Signature/Date

Producer Name & Address

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