



LANDSCAPE GARDENING (CONSTRUCTION), LAWN CARE SERVICES AND LAWN SPRINKLER INSTALLATION QUESTIONNAIRE

1. General Information

Name of Applicant: _____

Website Address: _____

Annual Receipts: _____ State(s) in which you do business _____

Years in Business: _____ Number of years you have been with the agent submitting account _____

Applicant Operates as Follows: (indicate %)

_____ % General Contractor (if Sub cost is > 35% of receipts please complete the General Contractor Questionnaire CTR 921)

_____ % Sub-contractor working for General Contractor or Prime Contractor

_____ % Trade contractor working directly for Commercial or Residential customers

100% Total

2. Indicate the percentage of the type of work performed. (Each column should total 100%)

New Construction _____%	Commercial _____%
Alterations / Remodeling _____%	<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Apartments/Dorms
Service / Repair _____%	<input type="checkbox"/> Offices <input type="checkbox"/> Retail
Maintenance _____%	Residential (Indicate type) _____%
Other (describe) _____%	<input type="checkbox"/> Custom Single Family
Total 100%	<input type="checkbox"/> Tract Homes/Subdivisions
	<input type="checkbox"/> Townhomes / Condos
	Industrial _____%
	Institutional _____%
	Other (describe) _____%
	Total 100%

3. Type of Work Subcontracted to Others

Check all that apply:

<input type="checkbox"/> Asbestos	<input type="checkbox"/> Drywall / Plastering	<input type="checkbox"/> Insulation	<input type="checkbox"/> Playground Equipment
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Electrical	<input type="checkbox"/> Landscape Construction	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Concrete	<input type="checkbox"/> Excavation	<input type="checkbox"/> Masonry	<input type="checkbox"/> Roofing
<input type="checkbox"/> Demolition	<input type="checkbox"/> Grading	<input type="checkbox"/> Paving	<input type="checkbox"/> Siding
<input type="checkbox"/> Doors / Windows	<input type="checkbox"/> Heating & Air Cond.	<input type="checkbox"/> Painting	<input type="checkbox"/> Swimming Pools
			<input type="checkbox"/> Water / Sewer
<input type="checkbox"/> Other (describe) _____			

4. Subcontracted Work & Contractual Risk Transfer

a. Do you subcontract work to others? If yes, complete Sections b. thru d. below	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. What is the annual amount of work subcontracted to others? \$ _____		
c. Do you require all sub-contractors to enter into a written contract? (If yes, attach a copy) <input type="checkbox"/> Always <input type="checkbox"/> Sometimes (describe) _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you have a written subcontract agreement		
Do the contracts contain hold harmless and indemnification provisions in your favor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do the contracts require you to be added to the sub's policy as an additional insured:		
For Ongoing Operations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
For Completed Operations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do the contracts require the subs carry limits equal to or greater than \$1,000,000?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you require certificates of insurance from all your sub-contractors prior to their starting on a project?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you require the sub-contractor be in compliance with the insurance requirements of the contract before they are paid in full?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Do you have formal recordkeeping procedures in place for maintenance of copies of contracts, certificates of insurance, additional insured endorsement and/or OCP policies for each project? If yes, how long are records maintained? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

5. Job List (Last 5 jobs - attach list or complete below):

Project	City, State	Nature of Work	Job Cost

6. Management Practices (please check all that apply)

a. Employee selection process: <input type="checkbox"/> Application <input type="checkbox"/> Reference Check <input type="checkbox"/> Pre-Placement Medical Exam <input type="checkbox"/> Other (describe) _____		
b. Do you have a formal drug-testing program? <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Post accident <input type="checkbox"/> Probable Cause <input type="checkbox"/> CDL Drivers Only <input type="checkbox"/> Other (describe) _____		
c. Are safety meetings held on a quarterly basis; do managers and employees attend and are attendance records kept? If less than quarterly, how often? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Have you been cited for any OSHA violations in the past 3 years? If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Do you hire any day labor or casual labor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

7. Liability Exposures:

<p>a. Do you employ an architect, engineer or surveyor who draws or stamps plans, designs or specifications? If yes, do you have professional liability coverage in place? Limit of Professional Coverage: \$ _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO																				
<p>b. Do you or have you ever worked for builders or developers of tract homes, townhomes or condos? If yes, list the developers or builders you have worked for: _____ _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO																				
<p>c. Do you or have you ever applied, installed or managed any jobs involving any synthetic stucco (EIFS) related product or material? Describe: _____ _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO																				
<p>d. Do you or have you ever performed any abatement or removal of (Check all that apply) <input type="checkbox"/> asbestos <input type="checkbox"/> lead <input type="checkbox"/> mold Describe: _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO																				
<p>e. Do you perform any snow plowing/ snow removal / ice treatment services for others? If yes, complete Snow Removal Questionnaire CTR 936. Selective excludes snow and ice removal activities performed for others. If an insured desires coverage for these operations, they can complete CTR 936 and we will consider the buyback of this coverage on an individual risk basis. Our appetite is for the contractor whose snow and ice removal activities are incidental to their overall operations. (Snow & Ice removal is not automatically excluded in AZ, CO, GA, MD, NC, NM, SC, UT & VA but will be underwritten when the exposure is identified)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO																				
<p>f. Any current or past involvement with a wrap-up/OCIP/CCIP? If yes, describe below: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:25%; text-align: left;">Wrap-Up Project</th> <th style="width:30%; text-align: left;">Project Description</th> <th style="width:15%; text-align: left;">Date</th> <th style="width:30%; text-align: left;">Work Performed by Applicant</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>			Wrap-Up Project	Project Description	Date	Work Performed by Applicant	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____																			
<p>g. Do you rent, lease or loan equipment to others? If yes, is the equipment rented to others with an operator? Do you use a written contract or rental agreement? Does it include a hold harmless agreement in your favor? Does it require the renting party to provide physical damage coverage for the property being rented? Describe the type of equipment rented to others: _____ _____</p>	<input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO																				

8. Inland Marine Exposures

<p>a. Is your equipment provided with theft-deterrent devices and/or registered with NER (National Equipment Registry)? If yes, describe: _____ _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>b. How are your equipment and materials secured at jobsites? Describe: _____ _____</p>		

c. Do you borrow, lease or rent equipment <u>from others</u> ? If yes, what type? Describe: _____ How much do you spend on equipment rental annually? _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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9. Auto Exposures

a. Account has the following controls in place (Please check all that apply) <input type="checkbox"/> Formal Fleet safety program <input type="checkbox"/> Formal Accident Investigation Program <input type="checkbox"/> Documented Fleet maintenance program <input type="checkbox"/> Seat belt use policy <input type="checkbox"/> GPS Tracking/Monitoring <input type="checkbox"/> Cell phone use policy <input type="checkbox"/> MVR's ordered at point of hire <input type="checkbox"/> MVR's ordered annually <input type="checkbox"/> MVR Driver acceptability criteria in place (Describe): _____ <input type="checkbox"/> Account has procedures in place to deal with problem drivers (Progressive discipline policy) (Describe): _____ _____		
b. Do you allow personal use of company vehicles? If yes, select all that apply <input type="checkbox"/> Insured <input type="checkbox"/> Insured's Family Members <input type="checkbox"/> Employees <input type="checkbox"/> Employees Family Members If yes, do you have a written permissive use policy in place for employees that take company vehicles home?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Do your employees use their own vehicles for company business? If yes, what limit of insurance do you require they carry? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Do you have any drivers who are not your employees? If yes, explain _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Do you haul material or equipment for others? If yes, indicate annual receipts from hauling \$ _____ Describe type of material or equipment being hauled: _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Are your vehicles wrapped, encased or marked with any special marketing or advertising graphics or any special equipment? If yes, has the value of each vehicle been updated to reflect the additional value associated with the advertising graphics or specialized equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. Do you have a motor carrier filing? If yes, what is the MC# _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

10. Work Comp

a. Health Insurance is provided for (Check all that apply): <input type="checkbox"/> All Employees <input type="checkbox"/> Full-Time Employees Only <input type="checkbox"/> Key Employees Only <input type="checkbox"/> Provided by Union		
b. What is the annual percentage of employee turnover? _____ %		
c. Do you have a written Safety Policy and Program in place? If yes, are the employees required to sign the Policy acknowledging they have read and understand it?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO

d. Do you enforce the use of personal protective equipment (hard hats, safety glasses / goggles, hearing protection, steel-toed shoes, etc) as required by OSHA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Are injured employees contacted immediately following medical treatment by a designated person? If yes, list the title of the designated person _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Are claims involving lost work time reviewed and pro-actively managed by a designated individual? If yes, list the title of the designated person _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. Do you have a return to work (RTW) program? If yes, describe: _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. Have you or will you perform work under the US Longshoremen's and Harbor Workers Act, or any other Federal Act? If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

11. Landscape Gardening, Lawn Care Services and Lawn Sprinkler Installation

<p>a. Breakdown of Operations: Indicate services provided and percentage of overall operations _____ % Lawn Care / Maintenance (mow lawns, de-thatch, aerate, fertilize, seed, weed and pest control lawns) _____ % Landscape Gardening (check all that apply) <input type="checkbox"/> plant grass, sod, trees, flowers or shrubs <input type="checkbox"/> install ornamental pools, fountains or spas <input type="checkbox"/> install/repair walks, driveways or sidewalks <input type="checkbox"/> build/repair fences <input type="checkbox"/> spray mulch _____ % Installation of underground lawn sprinkler systems _____ % Grading of land (not part of landscaping operations) _____ % Excavation (not part of landscaping operations) _____ % Golf course construction _____ % Work in nurseries, green houses or growing facilities (ex. marijuana) _____ % Build/repair decks or other carpentry work _____ % Nursery, greenhouse or other retail sales? Receipts \$ _____ _____ % Tree trimming, removal, stump grinding. If yes, describe _____ _____ % Other: Describe _____ 100% = Total</p>		
<p>b. Describe the work performed off season: _____ _____</p>		
<p>c. Any retaining walls built? If yes, describe maximum height and type of projects performed. _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>d. Do you apply pesticides or herbicides? If yes, check all that apply: <input type="checkbox"/> Non controlled (over the counter) <input type="checkbox"/> License or permit required to apply If a license or permit is required and you would like to apply for Pesticide & Herbicide Applicator coverage please complete supplemental application PH 00 08 (PH 00 09 in NY)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

e. Do you use any temporary or day laborers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Do you install artificial turf? If yes, please list the manufacturer and products used _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. Do you install playground equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. Do you apply mulch or other soft landing surfaces for playground equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
i. Do you do any seasonal decorating such as holiday lights and decorations? If yes, describe work performed and maximum height of work? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
j. Do you perform mowing, planting or seeding operations along highways or roads? If yes, describe _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
k. Do you work for banks or real estate property managers on foreclosed properties? If yes, check all that apply: <input type="checkbox"/> Clean Out Services <input type="checkbox"/> Lawn Care/Maintenance <input type="checkbox"/> General Repairs <input type="checkbox"/> Winterization <input type="checkbox"/> Lock Replacement <input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
l. Do you install lawn sprinkler systems? (if yes, check all that apply) <input type="checkbox"/> On golf course <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Irrigation or drainage systems <input type="checkbox"/> Farm irrigation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
m. Do you winterize lawn sprinkler systems?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
n. Do you perform any swimming pool service or repair work or sell pool accessories? If yes, describe _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
o. Do you perform work on active or closed landfills? If yes, describe _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
p. Do you perform strip mine reclamation work? If yes, describe _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
q. Do you provide any erosion control including rip rap and wetlands mitigation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
r. Do you install or maintain "green" roofs & rooftop gardens? If yes, describe _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
s. Do you install or maintain blue roofs that store water, typically rainfall? If yes, describe: _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
t. Do you or have you ever worked on any greenhouses, nurseries or growing facilities? If yes, what types of products are grown? (i.e.. exotic flowers, marijuana, landscaping/garden plants): _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

<p>u. Do you perform or do you subcontract to others activities that involve earth movement (i.e. site prep work, soil compaction). If yes, please answer the following questions:</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>1. How do you verify the land has been properly graded? _____ _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>2a. Is the graded/compacted soil tested to verify compliance to project specifications or industry standards?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>b. Who is responsible for that testing? <input type="checkbox"/> You <input type="checkbox"/> Other _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>3. Do you obtain and retain records that verify your work meets the project specifications or industry standards? If yes, how long are the records kept? _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>4a. Do you work in areas with expansive, swelling or shifting soils?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>b. If yes, please describe what is done to stabilize the soil to prevent it from moving, shifting or subsiding. _____ _____</p>		
<p>5. If you subcontract this work to others does your subcontract agreement require your subs to carry coverage for earth movement in their general liability and umbrella policies?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO