

# Contractors Supplemental Application – Lawn Service

This application is intended for use with a completed Acord application and is not intended as a free-standing application. No proposals of insurance will be considered without a completed Acord application.

**Applicant Name** \_\_\_\_\_

## **Part 1: Construction Activity History:**

1. Years in business under current name \_\_\_\_\_
2. What states do you do business in? \_\_\_\_\_
3. What cities or counties do you mainly work in? \_\_\_\_\_  
\_\_\_\_\_
4. What percentage of your work is  
a) Sub-contractor out? \_\_\_\_\_%  
b) Sub-contractor to you? \_\_\_\_\_%
5. What percentage of your work is  
a) Commercial \_\_\_\_\_%  
b) Residential \_\_\_\_\_%  
c) Industrial \_\_\_\_\_%  
d) Other (describe) \_\_\_\_\_%
6. What percentage of your work is  
a) New installation \_\_\_\_\_%  
b) Maintenance \_\_\_\_\_%
7. On a typical project, what percentage of your work is performed by  
a) Your employees \_\_\_\_\_%  
b) Leased employees \_\_\_\_\_%  
c) Sub-contractors under your supervision \_\_\_\_\_%  
If leased, are payrolls included in submission? Yes / No

## **Part 2: Types of Work Performed:**

1. Does your work ever involve removal of underground storage tanks? Yes / No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
2. Have you ever worked for a residential developer? Yes / No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

3. Have you ever done work for a municipality or other government agency? Yes / No  
If yes, describe: \_\_\_\_\_

4. Do you install lawn sprinkler systems? Yes / No  
If yes, what percent of receipts. \_\_\_\_\_%

5. What percent of your work is for  
Schools \_\_\_\_\_% Playgrounds \_\_\_\_\_%  
Daycare Centers \_\_\_\_\_% Public Parks \_\_\_\_\_%  
Recreational Areas \_\_\_\_\_%

6. Do you use **herbicides** in your work? Yes / No  
If yes, which: \_\_\_\_\_  
How and where are they stored? \_\_\_\_\_  
\_\_\_\_\_

7. Do you use **pesticides** in your work? Yes / No  
If yes, which: \_\_\_\_\_  
How and where are they stored? \_\_\_\_\_  
\_\_\_\_\_

8. Do you use **Anhydrous Ammonia** in your work? Yes / No  
If yes, which: \_\_\_\_\_  
How and where is it stored? \_\_\_\_\_  
\_\_\_\_\_  
Describe exposures within 100 feet of storage. \_\_\_\_\_  
\_\_\_\_\_

9. Do you use **Ammonium Nitrate** in your work? Yes / No  
If yes, which: \_\_\_\_\_  
How and where is it stored? \_\_\_\_\_  
\_\_\_\_\_

**Part 3: Subcontracted Work History**

1. If you **NEVER** hire subcontractors check here and move on to part 4. \_\_\_\_\_

2. Do you always require your subcontractors to sign a hold-harmless or indemnification agreement in your favor? Yes / No

3. Do you utilize a standard contract with all of your subcontractors? Yes / No

4. a) Do you require your subcontractors to carry General (Public) Liability insurance? Yes / No  
 b) Do you require that you are named as an *Additional Insured* on their policies? Yes / No  
 c) What minimum limits of insurance do you require your subcontractors to carry? \_\_\_\_\_  
 d) Do you require your subcontractors to carry Workers Compensation insurance? Yes / No  
 e) Do you request certificates of insurance from your subcontractors to verify compliance with the above? Yes / No

**Part 4: Historical Exposure Basis**

1. Please complete the following chart as accurately as possible

<u>Policy Year</u>	<u>Gross Receipts</u>	<u>Gross Payroll</u>	<u>Subcontracted Costs</u>
Current term	_____	_____	_____
1 <sup>st</sup> Prior term`	_____	_____	_____
2 <sup>nd</sup> Prior term	_____	_____	_____
3 <sup>rd</sup> Prior term	_____	_____	_____
4 <sup>th</sup> Prior term	_____	_____	_____
5 <sup>th</sup> Prior term	_____	_____	_____

2. Please describe the five largest projects undertaken by you in the last five years.

	<u>Description</u>	<u>Job Cost</u>	<u>Project Duration</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

3. Please describe the three largest projects planned for the upcoming year.

	<u>Description</u>	<u>est. Job Cost</u>	<u>est. Project Duration</u>
a.	_____	_____	_____

- b. \_\_\_\_\_
- c. \_\_\_\_\_

**Part 5: Supplemental Information**

1. Are you involved in any other business besides Lawn Service? Yes / No  
 If yes, describe. \_\_\_\_\_  
 \_\_\_\_\_
  
2. Do you now or have you ever carried either "Pollution Insurance" or "Environmental Impairment Liability" insurance? Yes / No  
 If yes, provide the carrier, policy term and limits of liability and note any losses. \_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
3. Have you now or ever been involved in or are aware of pending litigation concerning defective workmanship? Yes / No  
 If yes, describe. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
4. Any additional Comments: \_\_\_\_\_  
 \_\_\_\_\_

**To the best of my knowledge the information included by me on this supplemental application is correct.**

Applicant's Signature \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Name \_\_\_\_\_  
(Please Print)