

Landscape Contractors Insurance Services, Inc.

SUBMISSION COVER SHEET

Cover + _____ pages

To: Jerry Elson
Landscape Contractors Insurance Services, Inc.
Fax: 559-650-3558
Email: jelson@lcisinc.com

From: Contact : _____
Agency: _____
Fax: _____
Email: _____

RE: Account: _____
City /Zip: _____

We are happy to accept submissions via Fax or Email. In order to help us serve you better, please include all applicable ACORD applications, LCIS Supplemental(s), and 4 years currently valued loss runs. We cannot log your submission as received until all of the above items have been received.

Please answer the following questions:

1. Is this account currently written by your Agency: Y/N
2. What is your target premium: _____
3. What is your need by date: _____
4. Any other information that might help us , help you:

Please feel free to contact us with any questions at (800)-628-8735

Thank you for your submission.

Landscape Contractors Insurance Services, Inc.
LANDSCAPE SUPPLEMENTAL

ACCOUNT NAME: _____

WEBSITE / FEIN: _____

GENERAL

Number of years in business: _____ (Refer if fewer than 3 years).

Number of years of business management experience: _____

Contractors license number(s): _____

Certifications and designations held by owner(s): _____

Has this firm ever filed for bankruptcy? Yes No (Refer if "yes")

Gross Revenue (last complete year): _____

Net Income (last complete year): _____

List all trade association membership(s): _____

How often do you participate in trade events? _____

EXPOSURE ON PREMISES

Any public access to business premises?

Properly store pesticides, herbicides or hazardous chemicals?

Secure equipment during non-business hours?

Yes	No

EXPOSURE OFF PREMISES

Percentage Breakdown of applicant's Commercial work:

_____ % Commercial _____ % Installation _____ % Maintenance

Percentage Breakdown of applicant's Residential work:

_____ % Residential _____ % Installation _____ % Maintenance

If Residential Installation is provided, please provide the following breakdown:

% Custom Single-Family _____

% Multi-Family Incl. Apts, Condos, Townhouse _____

% Tract Housing/Large Development Single-Family _____

Work is chiefly performed in Urban Suburban Rural Areas.

Conducts tree trimming or plants mature trees?

Establishes exact property lines before operations conducted?

Utilities contacted to locate underground utilities before commencing work?

Uses ropes, barricades, warning signs or lights on major projects?

Provides customers written notice to avoid treated areas?

Removes toys, lawn furniture and pet dishes before applying chemicals?

On-site supervisors present at all job sites?

Mixes chemicals at job sites?

Employs a certified pesticide applicator?

Uses absorptive material to clean up leaks or spills?

Properly disposes of wastewater, excess chemicals and mixtures?

More than 50% of revenue derived from herbicide or pesticide application?

Yes	No

PREMISES

Alarms: Fire _____ Monitored _____ Security/Burglar _____ Monitored _____

Premises well maintained and demonstrates good housekeeping?
 Pesticides isolated and stored in cool, ventilated area?
 Any attractive nuisances? (If yes, explain)

Yes	No

EQUIPMENT

Any losses due to equipment breakdown or malfunction?
 Equipment secured when left unattended at jobsite?
 Equipment serviced or regular maintenance schedule?
 Employees trained to properly operate equipment?
 Equipment rented to or from others? (If yes, explain)

Yes	No

With Operator?

CLASSIFICATION

Check any of the following applicable operations that may be conducted:

- plant, remove, trim shrubs
- prepare and grade ground
- pesticide/herbicide application
- build and repair fences, walls
- replace and repair walkways
- cement, concrete, tile work
- excavation or trenching
- lawn care
- install sod
- sod farm
- nursery (if so, check below)
- retail
- wholesale
- own inventory only
- tree farm
- tree trimming
- tree planting
- farming
- other: _____
- other: _____
- spa installation
- lighting installation
- drainage repair and installation
- swimming pool construction
- irrigation system Installation
- gazebos, deck installation
- water feature installation

EMPLOYEES

Employee hiring includes application background check MVR
 Casual labor employed? (If yes, explain type used as well as training and supervision provided)

Yes	No

Average tenure all hired employees: _____ years
 Total number of employees: _____
 Total number of supervisors: _____
 Usual number of work crews: _____

COOPERATION

Does a written safety program exist? (Explain safety program / if none, explain safety practices)
 Is there a medical facility designated / posted that employees are aware of?
 Subcontractors used?
 Certificates of insurance obtained from subcontractors?
 Limits required on certificates of ins. \$500,000 \$1,000,000 More
 Applicant named as additional insured on subcontractors' policies?

Yes	No

Completer: _____ Date: _____

Landscape Contractors Insurance Services, Inc.
COMMERCIAL AUTOMOBILE SUPPLEMENTAL

ACCOUNT NAME: _____

MANAGEMENT

- MVR required with employment application?
- Every driver's MVR checked annually?
- MVR quality standards employed? (attach copy)
- Road test conducted for new employees?
- Reference checks made for prospective new employees?
- Non-business use of company vehicles permitted?
- Policy exists to limit non-business use of company vehicles? (attach copy)
- Personal vehicles used in business?
- Insurance verified and \$500,000 limits maintained for personal vehicles used in business?

Yes	No

EMPLOYEES

Total	Total Drivers	Total <25 yrs	Total > 65 yrs	W/ 1 Point	W/ 2 points	W/ 3 or more	Total w/ Serious

Please attach all MVR's

Maximum number of employees transported at one time in a single vehicle? _____
 Number of vehicles used to transport employees: _____

All drivers trained in operation of trucks?

Yes	No

EQUIPMENT

- Any vehicles with cost new value exceeding \$50,000?
- Vehicles secured during non-business hours?
- Vehicle maintenance program with written service records maintained?
- Any public access to business premises after hours?

Yes	No

SAFETY ORGANIZATION

- Accident investigations conducted?
- Accident reporting materials stored in each vehicle?
- Safety equipment stored in each vehicle (cones, warning signs)?
- Action taken on problem driver?
- Safety literature distributed?
- Award and penalty system exists?
- Check all methods used to monitor over-the-road driver behavior:

Yes	No

- Driver monitoring program (eg., BIT PULL, 1-800)
- Road observations by company management
- Complaints received from motorists
- Other: _____

DISPERSION OR CONCENTRATION OF VALUES

- Company vehicles parked overnight near buildings?
- Company vehicles packed together for overnight parking?

Yes	No

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