

# LANDSCAPE/LAWN MAINTENANCE SUPPLEMENTAL APPLICATION

Named Insured: \_\_\_\_\_ DBA: \_\_\_\_\_

Website: \_\_\_\_\_

Roadside Exposure? Y/N \_\_\_\_\_ If Yes, what type-Residential? \_\_\_\_\_ Commercial? \_\_\_\_\_ Right of Way? \_\_\_\_\_

Any DOT work performed? Y/N \_\_\_\_\_

Tree trimming above ground level? Y/N \_\_\_\_\_ If Yes, height of tree(s)? \_\_\_\_\_

Equipment used: \_\_\_\_\_

MVRs checked for all drivers? Y/N \_\_\_\_\_

How many employees per vehicle? \_\_\_\_\_ Irrigation services provided? Y/N \_\_\_\_\_ To what depth? \_\_\_\_\_

Hardscape construction? Y/N \_\_\_\_\_ If Yes, what type? \_\_\_\_\_

% Sub-Contracted? \_\_\_\_\_ Certificate of Insurance required? Y/N \_\_\_\_\_

Machinery equipped with: Emergency cutoff devices? Y/N \_\_\_\_\_ Backup alarms? Y/N \_\_\_\_\_

Is PPE required? Y/N \_\_\_\_\_ Ear Plugs? Y/N \_\_\_\_\_ Safety Glasses? Y/N \_\_\_\_\_ Dust Mask? Y/N \_\_\_\_\_

# Employees over age 60: \_\_\_\_\_ Please list ages and duties of all employees over age 60:

Is Casual/Day Labor hired? Y/N \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_

Does insured utilize a Return-to-Work Program? Y/N \_\_\_\_\_

Name of Return-to-Work Coordinator: \_\_\_\_\_

***Thank you for providing this important information***

Signature of Person Completing This Application

Title

Date Signed