



LANDSCAPE / GARDENING CONTRACTOR – SUPPLEMENTAL APPLICATION

Applicant Contractor: _____ License # _____

Agency: _____

How long have you known prospect? _____ Is he/she a referral? Yes No
How long has applicant been in community? _____ Prior experience in this field?
How is the new venture being capitalized?
Does the prospect have a client base to work from?
Type of work contracted or considered?
Is prospect encumbered by any "Non-Compete" contract? _____

How many owners? _____ Do you use leased employees? Yes No
Number of full time employees? _____ Number of part time employees?
Payroll excluding owner? _____ Any uninsured contractors or contract labor? Yes No
Cost of uninsured contractors or contract labor?
Are certificates of insurance obtained from subcontractors? Yes No
Maximum limit of liability to be same or higher limit as applicant contractor? Yes No
That applicant contractor is named as Additional Insured on Sub's policy? Yes No

Any application of pesticide? Yes No Any application of herbicide? Yes No
Any tree trimming work performed? Yes No Any digging performed? Yes No

If digging, how deep will applicant be digging?
Are utility companies called prior to any digging? Yes No
What type of equipment is used in the digging process?

Any lawn sprinkler system installation performed? Yes No
Are city permits obtained? Yes No
Does applicant contractor work on residential? Yes No If yes, maximum size & completed value:

Does applicant contractor work on commercial properties? Yes No
If yes, maximum size & completed value: _____

By signing this questionnaire, the applicant contractor certifies that they have not acted as a contractor under this entity in the state of California in the past 10 years. Also, the contractor understands that this policy will carry no coverage for (1) fungi or bacteria (mold) on either liability or property coverage(s), including wet or dry rot; (2) all exterior or insulation and finish system (E.I.F.S.) work done prior to and after inception of the policy and (3) Form CG0057 0999, Amendment of insuring agreement – Known Injury or Damage, will be made part of this policy.

Date: _____ Applicant Contractor: _____

Witnessed by Agent: _____