



LANDSCAPING GENERAL LIABILITY SUPPLEMENT
(Include Acord application)

Applicant's Name: _____ Location Address: _____
 Mailing Address: _____

Does applicant use pesticides or herbicides? Yes No If yes, are they EPA approved? Yes No
 How are employees trained in handling: _____

Does applicant subcontract work? Yes No
 If yes, type of work subcontracted: _____
 Are certificates of insurance obtained? Yes No Annual Subcontract cost: \$ _____
 Are utilities contacted prior to work? Yes No
 Any repair work offered? Yes No
 If yes, please describe: _____
 Type of equipment: _____
 Any loan or rental to others? Yes No

Description of Operations

Category	Payroll	Receipts
Landscaping	\$	Not applicable
Law servicing (mowing, fertilizing, etc.)	\$	Not applicable
Snowplowing Residential Commercial – Retail Commercial – Other Streets & Roads	\$	\$
	\$	\$
	\$	\$
	\$	\$
Tree work	\$	Not applicable
Fumigation, crop dusting or aerial spraying	\$	Not applicable
Highway or utility right-of-way maintenance	\$	Not applicable
Sales of commercial fruit trees and/or seeds	Not applicable	\$
Other – Please describe	\$	\$
TOTAL PAYROLL (excluding snowplowing):	\$	Not applicable

Employee Data

Category	Number
Owner(s) only	
Other than clerical:	
Full-time	
Part-time	
Leased	
TOTAL:	

During the past three years, has any company ever cancelled, declined or refused to issue similar insurance to the applicant? Yes No
 If yes, please explain: _____ *Not applicable in Missouri*

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature _____ Producer's Signature _____ Date _____