

Ashland General Agency, Inc.

LANDSCAPING SUPPLEMENTAL

(Complete in addition to the Acord General Liability Application)
 (Answer **ALL** questions - if they do not apply, indicate not applicable)

NAME (include dba / Inc. / LLC) : _____

1. Business Description: _____

2. Number of years experience: _____ Number of years in business: _____ Currently: Full Time Part Time

3. Employee & Payroll information:

Employee Data	Number	Annual Payroll
Owner(s) only		
Employees excl. clerical: Full Time		
Part Time		
Leased		

4. **Annual** receipts **estimated** for the **next** 12 months: \$ _____ **Annual** receipts for **prior** 12 months: \$ _____

Mix of business: Residential _____% Commercial _____% Other: _____%

5. Type of Operations Performed: (Show sales figures for each operation the insured performs)

Operation	Payroll	Receipts
Landscaping	\$	\$
Lawn Servicing	\$	\$
Snowplowing: Residential	\$	\$
Commercial - Retail	\$	\$
Commercial - Other	\$	\$
Streets & Roads	\$	\$
Tree Work	\$	\$
Fumigation, crop dusting or aerial spraying	\$	\$
Highway or utility right-of-way maintenance	\$	\$
Sales of commercial fruit trees and/or seeds	\$	\$
Other (describe): _____	\$	\$
Total:	\$	\$

6. Does the applicant:

a. subcontract work? yes no

If yes: Annual subcontract cost: \$ _____

Type of work subcontracted: _____

Are certificates of insurance provided? yes no

b. use pesticides or herbicides? yes no

If yes: Are they EPA approved? yes no

How are employees trained in handling: _____

c. do any landscape architectural work? yes no

If yes, describe: _____

d. use any cranes or heavy equipment? yes no

If yes, describe equipment: _____

This supplemental application does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant's Signature

Print Signee

Date

Producer's Signature