

Landscaping & Lawn Maintenance Supplemental

Named Insured _____

- 1) Please provide a percentage breakdown of work performed for each of the following operations:

_____ Landscape Maintenance (not including grass cutting)
_____ Tree Trimming & Stump Removal
_____ Trenching
_____ Sprinkler Installation
_____ Sod Installation
_____ Grass Cutting

- 2) Does the insured perform sod installation? YES NO

a. If yes, is sod installation done by manual means? YES NO

- 3) Does the insured perform any tree trimming operations? YES NO

a. If yes, to what height is tree trimming performed? _____

b. How is the tree trimming work performed (i.e. ground with pole, bucket trucks, ladders etc)? _____

- 4) Does the insured spray or use any pesticides/chemicals? YES NO

a. If yes, are the employees certified doing this work? YES NO

- 5) Does the insured perform any planting of trees, shrubs, etc? YES NO

a. If yes, what size trees are typically planted? _____

- 6) Is any day labor, sub contractors, utilized by the insured? YES NO Total Sub Costs

- 7) Does the insured perform any work along highways or major roadways?

YES NO

- 8) Does your subs carry their own GL coverage naming you as an AI with equal or higher limits and provide you with a COI? YES NO

- 9) Please provide details of any "off season" operations performed by the insured:

- 10) Number of Employees _____ Employee Payroll _____ Number of Owners _____