

Landscapers Commercial Insurance Questionnaire

Workers' Compensation. Optional Commercial Auto, General Liability & Property Coverage

Business Name: _____ Contact Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email _____

Year business established: _____ Years of experience: _____ Website: _____

Current carrier: _____ Expiration Date: _____ Premium: _____

Please provide a breakdown of annual WC payroll by class code below or provide as a separate attachment.

<u>WC Class Code</u>	<u>Estimated Annual Payroll</u>
0042 Landscape gardening & Drivers	\$ _____
5220 Turf Installers	\$ _____
8601 Landscape Architect - Consulting	\$ _____
8810 Clerical Office Employee	\$ _____
9014 Lawn Maintenance	\$ _____
Other _____	\$ _____

Gross Annual Revenue: \$ _____ Number of Employees: _____

- Any stump grinding, tree trimming or tree removal? YES NO
- Any excavation work greater than 5 ft.? YES NO
- Any work sublet without certificates of insurance? YES NO
- Is a written safety program in place? YES NO
- Are sub-contractors used? If so, what percentage? YES NO
- Any interior pest control? YES NO
- Playground equipment installation? YES NO
- Equipment loaned or rented to others? YES NO
- Handyman operations? YES NO
- More than 50% interest in any other business? YES NO

OPTIONAL ADDITIONAL COVERAGES

Optional Property to be Insured (if you do not wish to obtain these coverages, please leave blank)

Owned building value: \$ _____
Office equipment or furniture value: \$ _____
Tools and/or portable equipment value: \$ _____

Optional Autos to be Insured (if you do not wish to obtain these coverages, please leave blank)

Auto 1) Year _____ Make _____ Model _____ VIN _____
Auto 2) Year _____ Make _____ Model _____ VIN _____
Auto 3) Year _____ Make _____ Model _____ VIN _____
Auto 4) Year _____ Make _____ Model _____ VIN _____
Auto 5) Year _____ Make _____ Model _____ VIN _____

Driver 1) Name _____ D.O.B. _____ Drivers License # _____
Driver 2) Name _____ D.O.B. _____ Drivers License # _____
Driver 3) Name _____ D.O.B. _____ Drivers License # _____
Driver 4) Name _____ D.O.B. _____ Drivers License # _____
Driver 5) Name _____ D.O.B. _____ Drivers License # _____

Please attach a separate sheet for any additional autos and drivers you would like insured.

Have there been any claims against your business in the last 5 years for:

Workers compensation YES NO
Commercial Auto Liability YES NO
Commercial General Liability YES NO

Name: _____ Title: _____

Signature: _____ Date: _____

Please return the completed application to us by mail, fax or email:

PO Box 515512
Dallas, TX 75251
972-235-3556 (Fax)
apps@riskpro.us
www.riskpro.us