



SCOTTSDALE INSURANCE COMPANY®

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

www.scottsdaleins.com

Landscaping General Liability Application

Applicant's Name _____
 Mailing Address _____

 Web Site Address _____

Agency Name _____
 Agent _____
 Address _____

 E-Mail _____
 Phone _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

LIMITS OF LIABILITY REQUESTED

General Aggregate	\$
Products and Completed Operations Aggregate	\$
Personal and Advertising Injury	\$
Each Occurrence	\$
Fire Damage (any one fire)	\$
Medical Expense (any one person)	\$
Property Damage Extension (CCC)	Occurrence \$ Aggregate \$
Other:	\$
Other:	\$
Deductible	\$

LOCATION OF OPERATIONS

Street Address and City		State
1. <input type="checkbox"/> Same as mailing address		
2.		
3.		

1. How long has applicant been in business? _____ years..... Full-time Part-time

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

What is the percentage of operations? %

3. Does applicant subcontract work? Yes No
 If yes: Annual subcontract cost: \$ _____
 Type of work subcontracted: _____
 Are Certificates of Insurance obtained? Yes No
 Minimum limits required of subcontractors: \$ _____

DESCRIPTION OF OPERATIONS

Operation	Payroll	Receipts
Landscaping	\$	\$
Lawn servicing (mowing, fertilizing, etc.)	\$	\$
Snowplowing	Residential \$	\$
	Commercial—Retail \$	\$
	Commercial—Other \$	\$
	Streets and Roads \$	\$
Tree trimming	\$	\$
Tree/stump removal	\$	\$
Fumigation, crop dusting or aerial spraying	\$	\$
Highway or utility right-of-way maintenance	\$	\$
Sales of commercial fruit trees and/or seeds	Not Applicable	\$
Other—Please describe:	\$	\$
Total	\$ (excluding snowplowing)	\$

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 canceled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri)..... Yes No
 If yes, please explain: _____

PRIOR INSURANCE AND LOSS HISTORY: Indicate all claims or losses (regardless of fault) and whether or not insured) or occurrences that may give rise to claims for the prior three years. See loss run attached

Year	Company	Policy No.	Premium	Paid Losses	Reserved Losses	Loss Description

ADDITIONAL INSURED INFORMATION

Name	Address

4. Does applicant have any other business ventures for which coverage is not requested? Yes No
 If yes, explain and advise where insured: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION OR AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

SCOTTSDALE INSURANCE COMPANY &

P.O. Box 4110 • Scottsdale, Arizona 85261 • (602) 948-0505 • Fax (602) 483-6752

General Liability Application

Applicant's Name _____
 Mailing Address _____

 Location _____

Agent Name _____
 Address _____

 Agent No. _____

PROPOSED EFFECTIVE DATE:

From _____ To _____
 12:01 A.M., Standard Time at the address of the Applicant

LIMITS OF LIABILITY REQUESTED

PREMIUMS

General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

APPLICANT/PREMISES/OPERATIONS INFORMATION

1. Describe all business operations conducted by applicant: _____

2. Premises information (attach schedule if necessary):

Loc. No.	Street, City, County, State, Zip Code	Interest	Part Occupied

3. Applicant is: Individual Corporation Partnership Joint Venture Limited Liability Company
 Nonprofit Other (Specify): _____

4. Inspection/Audit:

Inspection (contact and phone): _____

Accounting records (contact and phone): _____

5. Management: Number of years in operation: _____ If new operation, number of years related experience: _____

6. Total number of employees: _____

GENERAL INFORMATION (Explain all "yes" responses.)

	Yes	No		Yes	No
1. Exposure to flammables, explosives, chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	11. Any parking facilities owned/rented?	<input type="checkbox"/>	<input type="checkbox"/>
2. Exposure to asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	12. Fee charged for parking?	<input type="checkbox"/>	<input type="checkbox"/>
3. Exposure to radioactive materials?	<input type="checkbox"/>	<input type="checkbox"/>	13. Does applicant have Workers' Compensation coverage in force?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material (e.g., landfills, wastes, fuel tanks, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	14. Does insured subcontract work?	<input type="checkbox"/>	<input type="checkbox"/>
5. Sporting/social events sponsored?	<input type="checkbox"/>	<input type="checkbox"/>	15. Certificates of insurance required from all subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
6. Any watercraft, docks, floats owned, hired, or leased?	<input type="checkbox"/>	<input type="checkbox"/>	16. Does the applicant lease employees?	<input type="checkbox"/>	<input type="checkbox"/>
7. Any operations sold, acquired, or discontinued in last five years?	<input type="checkbox"/>	<input type="checkbox"/>	17. Any demolition exposure contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is applicant a subsidiary of another entity or does applicant have any subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>	18. Any structural alterations contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
9. Machinery/equipment loaned/rented to others?	<input type="checkbox"/>	<input type="checkbox"/>	19. Recreational facilities provided?	<input type="checkbox"/>	<input type="checkbox"/>
10. Swimming pool on premises?	<input type="checkbox"/>	<input type="checkbox"/>	20. Any policy or coverage declined, canceled or nonrenewed during last three years? (not applicable in Missouri.)	<input type="checkbox"/>	<input type="checkbox"/>
			If yes, please explain _____		

PRIOR CARRIER INFORMATION

	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy No.					
Total Premium					

LOSS HISTORY—FIVE YEAR PERIOD

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

ADDITIONAL INSURED INFORMATION

Name	Address

SCHEDULE OF HAZARDS

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.	Rate		Premium	
					Prem/ Ops.	Products/ Comp. Ops.	Prem/ Ops.	Products/ Comp. Ops.

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APPLICANT'S SIGNATURE _____ DATE _____

PRODUCER'S SIGNATURE _____ DATE _____

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ARTISAN CONTRACTORS SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Date: _____

NAME OF APPLICANT: _____

State/Area of Operations: _____ Website Address: _____

Provide details of all your operations: _____

Do you have other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

1. Applicant Operations:

Number of Owner/Partners: _____ Payroll: _____ No. of Trade Employees: _____

Show by Trade:		Operation is: (% of each)		Type of Work:	
Trade: _____	Payroll \$ _____	General Contractor	_____ %	Residential/New	_____ %
Trade: _____	Payroll \$ _____	Artisan Contractor	_____ %	Residential/Remodeling	_____ %
Trade: _____	Payroll \$ _____	Subcontractor	_____ %	Condos	_____ %
		Total	100 %	Commercial	_____ %
Uninsured Subcontractors:	Cost \$ _____			Industrial	_____ %
Other: _____	Payroll \$ _____			Total	100 %
Insured Subcontractors:	Cost \$ _____				

2. Receipts/Sales: Current Year: _____ Previous Year: _____ Two Years Ago: _____

3. Describe Equipment used in operations: _____

Cranes/Cherry pickers/lifts—Maximum height: _____

4. List three current or planned projects:

Customer Name and Project Description	Cost of Project	Duration of Project
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

5. List five largest jobs in the last 3 years:

Customer Name and Project Description	Cost of Project	Duration of Project
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____

6. Indicate percentage of total operations performed by you or subcontractors for the following:

Airports	%	Earthquake Retrofitting or Reinforcing	%	Marinas	%	Residential Home (New Construction)	%
Ammonia Refrigeration Systems	%	Electrical Fence	%	Maritime USLH	%	Roofing	%
Asbestos Removal	%	Excavating	%	Mining	%	Sand/Gravel	%
Automatic or Power Doors	%	Farm Equipment Repair	%	Mold and Spore Treatment or Remediation	%	Sand Blasting	%
Blasting	%	Fire and Water Restoration	%	Oil and Gas Fields	%	Soil Testing	%
Boilers	%	Framing (Residential)	%	Over the Hole	%	Soil Stabilization	%
Bridge Work	%	Foundations	%	Petrochemical Plants	%	Surveying	%
Conveyers	%	Grain Elevators	%	Pile Driving	%	Synthetic Stucco	%
Cranes	%	Hazardous Waste	%	Prisons	%	Trailer Hitches	%
Demolition	%	Home Inspections	%	Railroads	%	Underpinning	%
Design	%	LPG	%	Refineries	%	Waterproofing	%
Drilling	%						

Any work on hillsides/slopes (over 15% grade)? Yes No

If yes, percentage of operations: %

Any work at landfills? Yes No

If yes, percentage of operations: %

Other: _____

7. List the subcontracted trades used and the percentage of total operations:

Carpentry	_____ %	_____ / _____ %	_____ / _____ %	_____ / _____ %
Plumbing	_____ %	_____ / _____ %	_____ / _____ %	_____ / _____ %
Electrical	_____ %	_____ / _____ %	_____ / _____ %	_____ / _____ %
Heating/Air	_____ %	_____ / _____ %	_____ / _____ %	_____ / _____ %

8. Liability Controls:

a. Do you use a written contract with customers? Yes No

If no, explain when not required: _____

b. Do you use a written contract with subcontractors? Yes No

If no, explain when not required: _____

- c. Do your contracts contain a hold harmless agreement in your favor?..... Yes No
- d. Do you obtain certificates of insurance from all subcontractors? Yes No
- If yes, minimum Limits Required: _____

- e. Are you added as additional insured on the subcontractors' liability policies?..... Yes No
- f. Do you have Workers' Compensation coverage in force? Yes No
- g. Do you provide architectural or engineering design services? Yes No

If yes, explain: _____

Do you carry Errors & Omissions coverage for these services? Yes No

- h. Are you a contraction/project manager or consultant? Yes No
- i. Have you been involved in any claims involving construction defects? Yes No
- If yes, explain: _____

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NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only.)

Name and Phone Number of person to contact for inspection and/or premium audit purposes: _____

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