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## 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): \_\_\_\_\_

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

### Limits Of Liability and Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Errors & Omissions (Cannot exceed GL Limits)	Each Claim \$ Aggregate \$
In-Transit Pollution Coverage	\$25,000/\$100,000 (included)
Lost Key Coverage	\$25,000 (included)
Pesticide/Herbicide Applicator Coverage (Included up to GL limits)	\$
Property Damage Extension (CCC) (Cannot exceed GL Limits)	<input type="checkbox"/> \$5,000/\$25,000 (included) <input type="checkbox"/> Other
Other Coverages, Restrictions, and/or Endorsements:	\$
Deductible	\$

**1. Location Of Operations:**

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

**2. Additional Insured Information:**

Name	Address

**3. How long has applicant been in business?** \_\_\_\_\_ years.....  Full-time  Part-time

**4. Does applicant use pesticides or herbicides?** .....  Yes  No

If yes: Are they EPA approved? .....  Yes  No

How are employees trained in handling them? \_\_\_\_\_

What is the percentage of operations?..... \_\_\_\_\_%

**5. 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: \$ \_\_\_\_\_

**6. Description Of Operations:**

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

**7. Employee Data:**

Category	Number
Owner(s) only	
<b>Other than clerical:</b>	
Full-time	
Part-time	
Leased	
<b>Total</b>	

**8. 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?**.....  Yes  No

If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

**10. Does applicant have any other business ventures for which coverage is not requested?**.....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_  
 \_\_\_\_\_

**11. Prior Carrier Information:**

	Year:	Year:	Year:
<b>Carrier</b>			
<b>Policy No.</b>			
<b>Coverage</b>			
<b>Occurrence or Claims Made</b>			
<b>Total Premium</b>			

**12. 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. <input type="checkbox"/> Check if no losses last three years				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

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.

**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. **Not applicable in Nebraska, Oregon and Vermont.**

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company 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.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/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.