

**Landscapers  
Supplemental Application**



Insured: \_\_\_\_\_ FEIN: \_\_\_\_\_ Eff. Date: \_\_\_\_\_  
 Contact Name & Title: \_\_\_\_\_ Tel.#: \_\_\_\_\_ Fax.#: \_\_\_\_\_  
 Website Address: \_\_\_\_\_

Years in business: \_\_\_\_\_ #of Locations: \_\_\_\_\_  
 Description of operations: \_\_\_\_\_  
 Union:  Yes  No If yes, name of Union: \_\_\_\_\_  
 Current number of employees: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Seasonal \_\_\_\_\_ Volunteers \_\_\_\_\_  
 Percent of employee turnover in the last 12 Months: Full time \_\_\_\_\_ Part time \_\_\_\_\_  
 Employee staffing expectation over the next 12 months: Full time \_\_\_\_\_ Part time \_\_\_\_\_  
 Average hourly wage in Governing Class: Full time \$ \_\_\_\_\_ Part time \$ \_\_\_\_\_  
 Average hourly wage in Clerical Class: Full time \$ \_\_\_\_\_ Part time \$ \_\_\_\_\_  
 Average hourly wage in Sales Class: Full time \$ \_\_\_\_\_ Part time \$ \_\_\_\_\_  
 Has the insured ever been in bankruptcy?  Yes  No  
 If yes, Explain \_\_\_\_\_

Are ALL employees eligible Y/N; if no the who? \_\_\_\_\_

	% paid by employer	% of participation
Group Health <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Paid sick leave <input type="checkbox"/> Yes <input type="checkbox"/> No	Vacation <input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement / Pension Plan <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Healthcare provider: _____		
Do you use specific:	Clinic _____	Physician _____
		Emergency room _____
Full time nurse maintained on staff?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
CPR training provided?: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Safety program / IIPP compliant with SB 198	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Return to light duty plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Return to full time modified work plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Designated full time safety director	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____
Safety meetings held for all employees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency of meetings: _____
Safety training for all employees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Incentive program for employees <input type="checkbox"/> Yes <input type="checkbox"/> No
Personal protective safety equipment provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisors are held accountable for injuries/accidents	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Accident investigation program in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Employment application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug/substance abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reference checks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Audiometric Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Motor Vehicle Record Check	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre/Post employment physical	<input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteer labor used	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pathogenic test (i.e. lead)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temporary labor used	<input type="checkbox"/> Yes <input type="checkbox"/> No	Orthopedic back test	<input type="checkbox"/> Yes <input type="checkbox"/> No

Hours of operation: \_\_\_\_\_ to \_\_\_\_\_ Number of daily shifts: \_\_\_\_\_  
 Operation includes driving?  Yes  No Number of authorized drivers \_\_\_\_\_ No. of vehicles \_\_\_\_\_  
 Types of vehicles driven \_\_\_\_\_  
 Reason(s) for driving (delivery, sales calls, etc.)?  
 \_\_\_\_\_

Frequency of driving: Daily  Weekly  Other  \_\_\_\_\_  
 Driving radius: < 50 miles  51-100 miles  101-250 miles  > 250 miles   
 Frequency of MVY checks \_\_\_\_\_ Participation in CHP Pull program  Yes  No  
 Driver acceptability standards have been established  Yes  No  
 Vehicles inspection / maintenance program  Yes  No Frequency \_\_\_\_\_  
 Vehicle maintenance performed is performed by employees  Yes  No  
 Employees take vehicles home  Yes  No

**Payroll Current Year** \_\_\_\_\_  
**1st Prior Year** \_\_\_\_\_  
**2nd Prior Year** \_\_\_\_\_  
**3rd Prior Year** \_\_\_\_\_

**Premium Current Year** \_\_\_\_\_  
**1st Prior Year** \_\_\_\_\_  
**2nd Prior Year** \_\_\_\_\_  
**3rd Prior Year** \_\_\_\_\_

Any travel out of state?  Yes  No No.# of employees who travel: \_\_\_\_\_ Frequency: \_\_\_\_\_  
 Purpose: \_\_\_\_\_

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**LANDSCAPERS:**

License No. \_\_\_\_\_  
 Percentage (%) Maintenance \_\_\_\_\_ Percentage (%) Installation / Planting \_\_\_\_\_  
 Details \_\_\_\_\_ Details \_\_\_\_\_

Percentage (%) Commercial \_\_\_\_\_ Percentage (%) Residential \_\_\_\_\_  
 Details \_\_\_\_\_ Details \_\_\_\_\_

Any roadside / freeway work?  Yes  No

Equipment used: \_\_\_\_\_  
 Lifting exposure:  Yes  No Lbs: \_\_\_\_\_  
 Type of vehicles  Trucks  Vans  other: \_\_\_\_\_

No. of each \_\_\_\_\_ Avg. # of employees per vehicle? \_\_\_\_\_ Maximum # of employees per vehicle? \_\_\_\_\_

Radius of operation: < 50 miles  51-100 miles  101-250 miles  250 miles   
 Frequency of MVR checks \_\_\_\_\_ Participation in CHP Pull program  Yes  No

Driver acceptability standards have been established  Yes  No  
 Vehicles inspection / maintenance program  Yes  No Frequency \_\_\_\_\_  
 Vehicle maintenance performed is performed by employees  Yes  No  
 Employees take vehicles home  Yes  No

Tree pruning?  Yes  No Height exposure?  Yes \_\_\_\_\_ feet  No Tree removal?  Yes  No  
 Personal Protective Equipment used? \_\_\_\_\_

Any containers larger than 5 gallons?  Yes  No  
 If yes details?: \_\_\_\_\_

**Other types of exposure:**

Pest Control?  Yes  No  
 If yes details?: \_\_\_\_\_

Erosion Control?  Yes  No  
 If yes details?: \_\_\_\_\_

Fountain maintenance?  Yes  No  
 If yes details?: \_\_\_\_\_

Construction and Renovation?  Yes  No  
 If yes details?: \_\_\_\_\_

**Landscapers  
Supplemental Application- 2013**



Does insured work within 2 miles of the following building or facilities:

- Government or Military base:  Yes  No
- Financial Institutions including national/regional stock exchange  Yes  No
- Sport Stadiums/ Arenas and Theme Parks  Yes  No
- Major Bridges, Tunnels or Dams  Yes  No
- Utilities or Power Generation Plants  Yes  No
- Transportation Hubs, Railroads, Airports or Shipping  Yes  No
- Historic/Symbolic buildings, monuments or parks  Yes  No

**EXPOSURE INFORMATION – PREMISES – FIX LOCATION – EMPLOYEES**

Total number of employee's: \_\_\_\_\_

State	Location #	Payroll	Total # of Employees	# of Shifts	Maximum # of Employees Per Shift	Type of Building (See List Below)	Year Built	# of Stories	Floors Occupied
		\$							
		\$							
		\$							
		\$							
		\$							
		\$							
		\$							
		\$							

If additional locations exist please include on a separate form.

Type of Building: (1.) Steel 3 stories or greater (2.) Frame 3 stories or less (3.) Concrete tilt up

- 1. Has the Insured previously participated in a Medical Provider Network?  Yes  No
- 2. Is the insured willing to participate in a Medical Provider Network?  Yes  No

Comments:

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THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE