



GROWERS' SERVICES PROGRAM

HAZARD GROUP 4
LANDSCAPE SERVICES SUPPLEMENTAL APPLICATION

A. PROPOSED APPLICANT

1. Name of Applicant: _____
2. Principal Business Address: _____

B. SERVICE ACTIVITIES AND SPECIALTY

1. a. Contractor License Number: _____
- b. Pest Control Business License Number: _____
- c. Other License Numbers and Description: _____
2. Professional Staffing:

a. Owners and Partners:	#	_____
b. Other Service Personnel	#	_____
c. Other Employees:	#	_____
d. Licensed Pest Control Applicators	#	_____
3. Are you licensed to Spray Pesticides and Herbicides? Yes * No
 * **If yes**, please complete the Pest & Weed Control Spraying Supplemental Application
4. Estimated percentage **Past Fiscal Year Gross Receipts** from the following categories:

a. Landscape Maintenance:		_____ %
b. Tree Trimming:		_____ %
c. Spraying of Lawn, Plants, Trees:		_____ %
d. Landscape Construction:		_____ %
e. Other(s), List: _____		_____ %
TOTAL		100 %
5. Is the Applicant a current member of a Trade Group or Professional Association? Yes * No
 * **If yes**, list the name of the group: _____
6. Do you provide maintenance work inside of buildings? Yes No

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C. LANDSCAPE CONSTRUCTION

1. Do you perform any Landscape Construction Work? Yes * No
2. Of the Landscape Construction Gross Receipts, please list the percentage for each activity below:
- | | |
|---|--------------------|
| a. Plant, Tree, Shrub Installation | _____ % |
| b. Sprinkler or Irrigation Installation | _____ % |
| c. Sprinkler Repair | _____ % |
| d. Concrete or Cement Work | _____ % |
| Provide details on type of work done _____ | |
| e. General Contracting | _____ % |
| f. Other(s), List: _____ | _____ % |
| TOTAL | _____ 100 % |
3. In the last 10 years, have you done any construction work for the following?
- | | |
|--|--|
| a. Townhouses, Apartments or Condominiums: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Tract Housing developments: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
4. Any future Construction work planned or anticipated in the following:
- | | |
|--|--|
| a. Townhouses, Apartments or Condominiums: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Tract Housing developments: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

NOTICE TO APPLICANT – PLEASE READ CAREFULLY

It is hereby understood and agreed that the information provided above is true and correct, as it is material to the Insurer in deciding whether to issue its policy to the Applicant. Further, if such information is false or incomplete, it may constitute a misrepresentation that will: (a) permit the Insurer to modify the terms and conditions of the policy issued to the Applicant (including without limitation to excluding any claim arising from or relating to the false information or non-disclosure): or, (b) void the policy.

Must be signed and dated by owner, partner or senior officer.

(Applicant Signature)

(Date: Mo/Day/Yr)

(Print or Type Name & Title)