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P.O. Box 571770, MURRAY, UT 84157-1770  
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## LANDSCAPING GENERAL LIABILITY APPLICATION

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

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

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**Applicant is:**  Individual     Corporation     Partnership     Joint Venture  
 Limited Liability Company     Other (Specify): \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Inspection Contact:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Limits Of Liability and Deductible Requested:**

General Aggregate (other than Products/Completed Operations)	\$
Products and Completed Operations Aggregate	\$
Personal and Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Errors and 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) Maximum limits \$300,000/\$300,000 (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. How many years has applicant been in business?** \_\_\_\_\_  Full-time  Part-time  
 Years of experience in this field:..... \_\_\_\_\_

**3. 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?..... \_\_\_\_\_ %  
 Any algae or plant control in lakes, ponds, rivers and streams? .....  Yes  No  
 If yes, percentage of sales?..... \_\_\_\_\_ %

**4. 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: ..... \$ \_\_\_\_\_

**5. Description Of Operations:**

Operation	Payroll	Receipts
Arborists	\$	\$
Controlled Burns	\$	\$
Crop dusting or aerial spraying	\$	\$
Construction of stone, brick or cement walls, decks, man-made ponds and brick or stone fireplaces	\$	\$
Defensible Space Contracting	\$	\$
Fumigation	\$	\$
Highway or utility right-of-way maintenance	\$	\$
Installation of lawn sprinklers	\$	\$
Landscaping	\$	\$
Lawn Care Service (maintenance, mowing, fertilizing, etc.)	\$	\$
Rooftop work, including rooftop gardens	\$	\$
Snow or ice removal ..... <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, GLS-SUPP-6, Snow Removal Supplemental Application required)	\$	\$
Tree trimming	\$	\$
Tree/stump removal	\$	\$
Other—Please describe:	\$	\$
<b>Total</b>	\$	\$

**6. Employee Data:**

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

**7. Additional Insured Information:**

Name	Address	Interest

**8. During the past three years, has any company canceled, declined or refused 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.  Check if no losses last three year

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 AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

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

**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 of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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 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 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**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 RHODE ISLAND 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**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.

**NEW YORK 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 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 STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

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

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

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

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.

Agent Email: \_\_\_\_\_ Preferred Method of Correspondence  Email  Fax  Mail

Applicant Email: \_\_\_\_\_ Preferred Method of Correspondence  Email  Fax  Mail