



Specialty Insurance Managers

of Oklahoma, Inc.

Landscape and Lawn Care General Liability Supplemental Application

Complete in addition to the ACORD Application

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

1. Location of Operations:

Street Address and City	State
a. <input type="checkbox"/> Same as mailing address	
b.	
c.	

2. Additional Insured Information:

Name	Address

3. How long has applicant owned this business? _____ years..... ☐ Full-time ☐ Part-time

4. What experience does this applicant have in landscaping or lawn care? _____ years..... ☐ Full-time ☐ Part-time

5. 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? %

6. Does applicant subcontract work? ☐ Yes ☐ No

If yes: Annual subcontract cost: \$ _____

Type of work subcontracted: _____

Are Certificates of Insurance obtained with additional insured status in favor of applicant? ☐ Yes ☐ No

Minimum limits required of subcontracts: \$ _____

7. Description Of Operations:

Operation	Payroll	Receipts
Controlled Burn Operations	\$	\$
Crop dusting or aerial spraying	\$	\$
Equipment rental to others	\$	\$
Fumigation, crop dusting or aerial spraying	\$	\$
Interstate, highway or utility right-of-way maintenance	\$	\$

Operation	Payroll	Receipts
Landscaping	\$	\$
Lawn servicing (mowing, fertilizing, etc.)	\$	\$
Sales of commercial fruit trees and/or seeds	Not Applicable	\$
Snow removal	\$	\$
Avalanche Control	\$	\$
Commercial—Retail	\$	\$
Commercial—Other	\$	\$
Hospital or Nursing Home	\$	\$
Interstates	\$	\$
Public Streets or Roadways	\$	\$
Residential	\$	\$
Rural or Country Roads	\$	\$
State or County highways	\$	\$
Subcontracted operations	\$	\$
Tree trimming	\$	\$
Tree/stump removal	\$	\$
Other—Please describe: _____ _____	\$	\$
Total Payroll (excluding snow removal)	\$	\$

8. Employee Data:

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

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

If yes, explain and advise where insured:

10. Has applicant had a past or pending construction defect claim? ☐ Yes ☐ No

11. If applicant have a formal, regular equipment maintenance schedule? ☐ Yes ☐ No

If yes, explain and advise schedule:

12. Does all equipment used in the business have guards in place to protect others from flying rock and debris? ☐ Yes ☐ No

13. Additional Coverage Requested:**Errors and Omissions:**

LIMITS OCCURRENCE/AGGREGATE	
\$50,000/\$100,000	<input type="checkbox"/>
\$100,000/\$100,000	<input type="checkbox"/>
\$250,000/\$250,000	<input type="checkbox"/>
\$300,000/\$300,000	<input type="checkbox"/>

Accidental Discharge of Pollutants from Autos:

LIMITS OCCURRENCE/AGGREGATE	
\$10,000/\$25,000—Included	<input type="checkbox"/>
\$25,000/\$50,000	<input type="checkbox"/>

Property Damage Extension (Care, Custody & Control):

LIMITS OCCURRENCE/AGGREGATE	
\$5,000/\$25,000—Included	<input type="checkbox"/>
\$50,000/\$50,000	<input type="checkbox"/>
\$100,000/\$100,000	<input type="checkbox"/>
\$250,000/\$250,000	<input type="checkbox"/>
\$300,000/\$300,000	<input type="checkbox"/>

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 to Nebraska, Oregon or 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 of 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 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.

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 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 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.

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/TITLE: _____

APPLICANT’S SIGNATURE: _____ DATE: _____

PRODUCER’S SIGNATURE: _____ DATE: _____

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

IMPORTANT NOTICE

As part of our underwriting prodedure, 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.