

Name of Applicant: _____ Website: _____
Completed By: _____ Date: _____

Landscaping and Lawn Maintenance Supplemental Questionnaire

1. How many years has the applicant been in business? _____
2. What percentage of work is:
Residential? _____%
Commercial? _____%
3. Does applicant install **retaining walls, landslide erosion control or fountains**? No Yes
4. Does applicant install **patios or brickwork**? No Yes
5. Spend 50%+ of your time doing **hardscaping work**? No Yes
6. Spend 25%+ of your time doing **snow removal**? No Yes
7. Does applicant install any **sod, plants and/or trees**? No Yes
8. Does applicant install **irrigation systems**? No Yes
9. Does applicant perform any median or **roadside work**? No Yes
10. Does applicant perform any **snow plowing** on major road ways for DOT or municipalities? No Yes
11. Does application perform any **excavation work**? No Yes
12. Does applicant use any **hazardous pesticides, fertilizers, or other chemicals**? No Yes
 - a. If yes, please provide a list:

13. Does applicant accept jobs requiring **overnight stays or out of state work**? No Yes

14. What is the **max height** exposure in feet? _____
 a. What work is done at this height? _____
15. What is the **max depth** exposure in feet? _____
 a. What work is done at this depth? _____
16. Is any of the following performed above ground level: tree trimming, holiday light installation, banner installation, power washing, transport, removal or transplanting of mature trees? No Yes
17. What is the total number of employees that are:
 Full-time: _____
 Part-time: _____
 Temporary/seasonal: _____
 Day/casual laborers: _____
 Union: _____
18. Are employee health plans provided by the employer? No Yes
 a. If yes, what % of employees participate in the health care plan?
 _____%
19. Are any employees paid via 1099? No Yes
20. Are subcontractors used? No Yes
 a. If yes, what percentage of work is subcontracted? _____%
 b. What kind of labor is subcontracted? _____
 c. Are certificate of insurance required for all subcontractors? No Yes
21. How many vehicles are owned? _____
 a. Any group transportation of more than 3 employees in one vehicle? No Yes
 b. Are MVR's checked annually and driver criteria in place and enforced? No Yes
22. Please list all equipment owned/used:

- a. Is there a regularly scheduled & documented maintenance program? No Yes
 b. Are operators certified on industrial trucks/heavy equipment listed above? No Yes

23. Are employees supervised by owner/manager at all times? No Yes
24. Does employer provide the following equipment for employees:
- Hearing Protection? No Yes
 - Gloves? No Yes
 - Eye Protection? No Yes
 - Long Sleeve Shirts & Pants? No Yes
 - Protective Footwear? No Yes
25. Are job site hazard evaluations performed, including overhead exposures, trip/slip & fall hazards, below ground utilities, etc.? No Yes
26. Any lifting >50 pounds? No Yes
27. Is a formal orientation program provided to employees? No Yes
28. Is job safety training provided? No Yes
29. Does the insured have a formal return-to-work/light duty program in place? No Yes

I attest to the above questions and answers to be truthful regarding my business as noted:

Signed by Owner or Officer

Date

Printed Name