

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. Does applicant install any sod, plants and/or trees? No Yes
6. Does applicant install irrigation systems? No Yes
7. Does applicant perform any median or roadside work? No Yes
8. Does applicant perform any snow plowing on major road ways for DOT or municipalities? No Yes
9. Does applicant use any hazardous pesticides, fertilizers, or other chemicals? No Yes
 - a. If yes please provide list _____
10. Does applicant accept jobs requiring overnight stays or out of state work? No Yes
11. What is the max height exposure in feet? _____
 - a. What work is done at this height? _____
12. What is the max depth exposure in feet? _____
 - a. What work is done at this depth? _____
13. Is any of the following performed above ground level: tree trimming, holiday light installation, banner installation, power washing? No Yes
14. What is the total number of employees that are: Full time: ___ Part time: ___
Temporary/seasonal: ___ Day/casual laborers: ___ Union: ___
15. Are employee health plans provided by the employer? No Yes
 - a. If yes, what % of employees participate in the health care plan? _____%
16. Are any employees paid via 1099? No Yes
17. 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
18. 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
19. 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
20. Are employees supervised by owner/manager at all times? No Yes
21. Does employer provide the following equipment for employees?

Hearing Protection?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Gloves?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Eye Protection?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Long Sleeve Shirts & Pants?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Protective Footwear?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
22. Are job site hazard evaluations performed, including overhead exposures, trip/slip & fall hazards, below ground utilities etc? No Yes
23. Any lifting >50 pounds? No Yes
24. Is a formal orientation program provided to employees? No Yes
25. Is job safety training provided? No Yes
26. 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:

Owner or Officer

Date
