



New England Excess Exchange, Ltd.

PO Box 650 - Barre, VT 05641

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Complete in addition to ACORD Application

Only fill out the portion of this supplemental that applies to your operation.

Applicant's Name: _____

Lawn Service

- | | | |
|--|-----|----|
| 1. Do you use subcontractors in your work? | Yes | No |
| a. If yes, what is subcontractor cost? _____ | | |
| b. What percentage of your operation involves subcontracted work? _____% | | |
| 2. Do you obtain and keep copies of General Liability Certificates for subcontractors? | Yes | No |
| 3. Do you require your subcontractors to name you as an additional insured | Yes | No |
| 4. Do you ever cut grass along the sides of highways? | Yes | No |
| If yes, what percentage of work does this entail? _____% | | |
| 5. Do you do any type of crop spraying? | Yes | No |
| 6. Do you apply herbicide or pesticides to lawns? | Yes | No |
| a. If yes, what percentage of your operation does this entail? _____% | | |
| b. Are you required to be licensed to apply the pesticide? | Yes | No |
| 7. Do you do any type of tree maintenance work? | Yes | No |
| a. If yes, what percentage of your operation does this entail? _____% | | |
| b. Please describe the work you do. _____ | | |
| 8. Do you have a nursery operation? | Yes | No |
| a. If yes, do you sell the items that are grown by you to the general public? | Yes | No |
| b. What are the total sales for this exposure? \$ _____ | | |

Tree Service / Felling

- | | | |
|--|-----|----|
| 1. Do you use subcontractors? | Yes | No |
| a. If yes, what is subcontractor cost? _____ | | |
| b. What percentage of your operation involves subcontracted work? _____% | | |
| 2. Do you obtain and keep copies of General Liability Certificates for subcontractors? | Yes | No |
| 3. Do you require your subcontractors to name you as an additional insured? | Yes | No |
| 4. Do you offer tree relocation services? | Yes | No |
| 5. Do you own and operate a crane in your tree care work? | Yes | No |
| a. If yes, are aerial lifts used? | Yes | No |
| b. What is the maximum height of your crane? _____ | | |

- | | | |
|--|-----|----|
| 6. Do you fell trees? | Yes | No |
| If yes: | | |
| i. Years' experience felling trees? _____ | | |
| ii. Do you have a documented hazard identification plan? | Yes | No |
| iii. Do you always use a pull line? | Yes | No |
| iv. Do you use felling wedges? | Yes | No |
| v. What is the maximum tree height you will fell? _____ | | |
| 7. What type of protection do you use to protect the general public during tree felling operations? | | |
| _____ | | |
| _____ | | |
| _____ | | |
| 8. What type of chainsaw safety training do you require your workers take? | | |
| _____ | | |
| 9. Are you required to be licensed by the state? | Yes | No |
| 10. Are all government and industry standards regarding safe tree care adhered to? | Yes | No |
| 11. Do you use chemicals? | Yes | No |
| a. If yes, what types of chemicals are used? | | |
| _____ | | |
| b. How are these chemicals stored? | | |
| _____ | | |
| c. Where required by law, are your workers licensed? | Yes | No |
| d. Do they follow state, federal and manufactures regulations and recommendations? | Yes | No |
| 12. Do you perform utility line-clearance work? | Yes | No |
| If yes, what safety protections do you put in place to keep the general public away from work being performed? | | |
| _____ | | |
| 13. Do you require public utilities be identified and marked before any underground or digging begins? | Yes | No |

Landscape Gardening

- | | | |
|--|-----|----|
| 1. Do you use subcontractors? | Yes | No |
| a. If yes, what is subcontractor cost? _____ | | |
| b. What percentage of your operation involves subcontracted work? _____% | | |
| 2. Do you obtain and keep copies of General Liability Certificates for subcontractors? | Yes | No |
| 3. Do you require your subcontractors to name you as an additional insured | Yes | No |
| 4. Do you apply pesticides? | Yes | No |
| a. If yes, please describe: _____ | | |
| b. Are any restricted use substances? | Yes | No |
| If yes, please list: _____ | | |
| c. Do you follow state, federal and manufactures regulations and recommendations? | Yes | No |
| 5. Do you ever use explosives? | Yes | No |
| a. If yes, do you perform the work? | Yes | No |
| b. Do you subcontract the blasting work to others when necessary? | Yes | No |

6. Do you require public utilities be identified and marked before any underground or digging begins? Yes No
7. Do you do any of the following type of work? Yes No
- a. Crop Spraying Yes No
 - b. Retaining wall construction Yes No
 - c. Installation of walkways Yes No
 - d. Installation of landscape lighting Yes No
 - e. Installation of Decks Yes No
 - f. Installation of lawn sprinkler systems Yes No
 - g. Installation of man-made ponds Yes No
 - h. Snow removal operations Yes No
8. Do you sell any private label products? Yes No
 If yes, please describe _____
9. Do you provide any type of lawn care service? Yes No
 If yes, please describe _____
10. Do you apply lawn-care herbicides and/or pesticides? Yes No
 Are you required to be licensed? Yes No
11. Do you have a nursery operation? Yes No
- a. If yes, do you sell the items that are grown by you to the general public? Yes No
 - b. What are the total sales for this exposure? \$ _____

Snow Removal Contractor

1. Total Receipts from all operations: _____ from snow removal: _____
2. Total Payroll from all operations: _____ from snow removal: _____
3. Number of Employees: _____
4. Years in the Snow Removal business: _____
5. Describe the type and percentage of work you do for the following:

Business Description	% of Work	Business Description	% of Work
Restaurant		Public/Government Work	
Banks		Grocery Stores	
Office		Gasoline Stations	
Residential Work		Road Work	
Apartment Work		Street Work	
Major Retail Work (Example - Big Box Stores-Shopping Malls etc.)		Highway Work	
Small Retail Operation		Industrial Businesses	

6. Does the Insured remove snow from:
- | | | |
|------------------------------------|-----|----|
| a. Parking Lots | Yes | No |
| b. Sidewalks | Yes | No |
| c. Driveways | Yes | No |
| d. Roadways | Yes | No |
| Any major highways or interstates? | Yes | No |
| e. Roofs | Yes | No |
7. What equipment does the Insured use other than truck and plow?

What is the experience of operators? _____

- | | | |
|--|-----|----|
| 8. Does the Insured use Independent Contractors? | Yes | No |
| 9. Does the Insured do any salting? | Yes | No |
| 10. Do contractual/service agreements provide the following provisions: | | |
| a. Specified duties regarding timing of snow removal | Yes | No |
| b. Specified duties regarding salting/sanding of walkways? | Yes | No |
| c. Is there a hold harmless/indemnification agreement | Yes | No |
| d. Does the contract specifically disclaim applicant's responsibility for refreeze? | Yes | No |
| 11. Is the Insured a member of SIMA (Snow & Ice Management Association) or a similar organization? | Yes | No |
| 12. Does applicant have a Commercial Auto Liability Policy in force? | Yes | No |
| a. What are the limits of liability : _____ | | |

I. FRAUD WARNING AND SIGNATURE

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. The Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials (this Application), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA. Insurance benefits may also be denied in LA, ME, TN, and VA).

In the District of Columbia, Warning: 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 Florida, 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.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any

insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In 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.

Completion of this application does not bind coverage or commit the company to policy issuance.

Signature of Applicant: _____

Title of Applicant
(Officer/Partner): _____

Date: _____