



# LANDSCAPE GARDENING CONTRACTOR SUPPLEMENTAL QUESTIONNAIRE

**Named Insured/Applicant**

Policy/Quote Number

Describe Insured's operation in detail

Insured's website address:

**Types of Jobs:**

Residential	%	Commercial	%
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Lawn Maintenance	%	Tree Removal	%
<i>Pesticide and herbicide application**</i>	%	Grading of Land	%
Plant, remove or trim shrubs and hedges	%	Excavation	%
Tree planting	%	Underground sprinkler work	%
Tree trimming	%	Retail sales	%

**\*\*MU 8102 Pesticide/Herbicide Supplemental Questionnaire is required**

Type of collapse protection used:

Are utilities contacted before digging?  Yes  No Name of Service Used:**Description of the last three largest jobs:**

Description of Job	Location	Date	Cost
			\$
			\$
			\$

How many customers does the insured have?

**GENERAL INFORMATION SECTION:**

- Number of Employees: Full time \_\_\_\_\_ Part Time \_\_\_\_\_
- Annual Payroll \$ \_\_\_\_\_ Annual Receipts: \$ \_\_\_\_\_
- Does the insured sign a written contract with its customers? (If yes, attach a sample copy)  Yes  No

**SUBCONTRACTOR QUESTIONS**

- Are subcontractors used?  Yes  No Cost of Subcontractors \$ \_\_\_\_\_
- Does the insured sign a contract with the subcontractors? (Attach a sample copy)  Yes  No
- Subcontractor duties performed (two most recent jobs)

Description	Cost
	\$
	\$



LANDSCAPE GARDENING CONTRACTOR  
SUPPLEMENTAL QUESTIONNAIRE

- 4. How are subcontractors and their work supervised?
- 5. Does the insured obtain Certificates of Insurance for: GL  Yes  No Workers Comp  Yes  No
- 6. Limits of insurance required from subcontractors: \$
- 7. Is the insured named as an additional insured and held harmless on the subcontractors GL policy?  Yes  No
- 8. Does the insured work as a subcontractor?  Yes  No
- 9. Does the insured sign a written contract when working as a subcontractor? (If yes, attach a copy)  Yes  No

**MISCELLANEOUS INFORMATION**

- 1. Does the insured perform any municipal work?  Yes  No  
If yes, provide description.
- 2. Are separate payroll records maintained for multiple operations?  Yes  No
- 3. Is a formal Hazard Communication Program maintained?  Yes  No
- 4. Any repair, maintenance or installation services provided?  Yes  No  
If yes, provide description.
- 5. Any extermination or pest control services offered?  Yes  No  
If yes, please list and describe the chemicals.
- 6. Any high-pressure steam cleaning?  Yes  No  
If yes, provide description.
- 7. Any smoke or water damage cleaning?  Yes  No  
If yes, provide description.
- 8. Any retail operations?  Yes  No Receipts \$
- 9. Any wholesale operations?  Yes  No Receipts \$
- 10. Product brochure available?  Yes  No  
If yes, attach a copy or list of products.
- 11. Does the insured perform any snowplowing or snow removal services?  Yes  No  
**If Yes, MU 7996 Snowplowing Questionnaire is required.**

**ATTACH A COPY OF THE INSURED'S STANDARD WRITTEN CONTRACT AND A COPY OF THE TWO MOST RECENT CUSTOMERS WRITTEN CONTRACTS.**

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_