



Mid Valley General Agency LLC  
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## LANDSCAPING GENERAL LIABILITY APPLICATION

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**Applicant is:**    Individual    Corporation    Partnership    Joint Venture  
                    Limited Liability Company    Other (Specify): \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Inspection Contact:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Limits Of Liability and Deductible Requested:**

General Aggregate (other than Products/Completed Operations)		\$
Products and Completed Operations Aggregate		\$
Personal and Advertising Injury (any one person or organization)		\$
Each Occurrence		\$
Damage To Premises Rented To You (any one premise)		\$
Medical Expense (any one person)		\$
Errors and Omissions (cannot exceed GL limits)	Each Claim Aggregate	\$ \$
In-Transit Pollution Coverage		\$25,000/\$100,000 (included)
Lost Key Coverage		\$25,000 (included)
Pesticide/Herbicide Applicator Coverage (included up to GL limits)		\$
Property Damage Extension (CCC)		<input type="checkbox"/> \$5,000/\$25,000 (included)
Maximum limits \$300,000/\$300,000 (cannot exceed GL limits)		<input type="checkbox"/> Other
Other Coverages, Restrictions and/or Endorsements:		\$
Deductible		\$

**1. Location Of Operations:**

Street Address and City	State
1. <input type="checkbox"/> Same as mailing address	
2.	
3.	

**2. How many years has applicant been in business?** \_\_\_\_\_  Full-time  Part-time  
 Years of experience in this field:.....

**3. Does applicant use pesticides or herbicides?** .....  Yes  No  
 If yes: Are they EPA approved? .....  Yes  No  
 How are employees trained in handling them? \_\_\_\_\_

What is the percentage of operations?..... %  
 Any algae or plant control in lakes, ponds, rivers and streams? .....  Yes  No  
 If yes, percentage of sales? ..... %

**4. Does applicant subcontract work?** .....  Yes  No  
 If yes: Annual subcontract cost: ..... \$ \_\_\_\_\_  
 Type of work subcontracted: \_\_\_\_\_  
 Are Certificates of Insurance obtained? .....  Yes  No  
 Minimum limits required of subcontractors: ..... \$ \_\_\_\_\_

**5. Description Of Operations:**

Operation	Payroll	Receipts
Arborists	\$	\$
Controlled Burns	\$	\$
Crop dusting or aerial spraying	\$	\$
Construction of stone, brick or cement walls, decks, man-made ponds and brick or stone fireplaces	\$	\$
Defensible Space Contracting	\$	\$
Fumigation	\$	\$
Highway or utility right-of-way maintenance	\$	\$
Installation of lawn sprinklers	\$	\$
Landscaping	\$	\$
Lawn Care Service (maintenance, mowing, fertilizing, etc.)	\$	\$
Rooftop work, including rooftop gardens	\$	\$
Snow or ice removal ..... <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, GLS-SUPP-6, Snow Removal Supplemental Application required)	\$	\$
Tree trimming	\$	\$
Tree/stump removal	\$	\$
Other—Please describe:	\$	\$
<b>Total</b>	\$	\$

**6. Employee Data:**

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

**7. Additional Insured Information:**

Name	Address	Interest

**8. During the past three years, has any company canceled, declined or refused similar insurance to the applicant? (Not applicable in Missouri) .....**  Yes  No  
 If yes, please explain: \_\_\_\_\_

**9. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?.....**  Yes  No  
 If yes, describe: \_\_\_\_\_

**10. Does applicant have any other business ventures for which coverage is not requested?.....**  Yes  No  
 If yes, explain and advise where insured: \_\_\_\_\_

**11. Prior Carrier Information:**

	Year:	Year:	Year:
<b>Carrier</b>			
<b>Policy No.</b>			
<b>Coverage</b>			
<b>Occurrence or Claims Made</b>			
<b>Total Premium</b>			

**12. Loss History:**

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.  Check if no losses last three years.

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

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 in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**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.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, 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.