

LandscapePAK New Business Qualifier - General Liability (GL)

Please complete the Applicant Information. Based on past, present and future operations, please also complete the appropriate trade sections.

Applicant Information

Please complete ALL Fields

Insured's Name: _____ Contractors License Number(s): _____
 Web Site: _____ Owner's Email: _____
 Contact Information:
 Accounting (Name & Email): _____ Phone #: _____ Fax #: _____
 Risk Manager (Name & Email): _____ Phone #: _____ Fax #: _____

Description of Operations (Please be specific and elaborate on all types of work performed):

Please note all contractor industry affiliations and or certifications (you may be eligible for premium discounts!):

- | | |
|--|---|
| <input type="checkbox"/> American Subcontractors Association - ASA | <input type="checkbox"/> National Plasterer's Council - NPC |
| <input type="checkbox"/> Associated Builders and Contractors - ABC | <input type="checkbox"/> N. American Board of Certified Energy Practitioners-NABCEP |
| <input type="checkbox"/> Assoc. of Pool and Spa Professionals - APSP | <input type="checkbox"/> N. American Technician Excellence - NATE |
| <input type="checkbox"/> CA Building Industry Association - CBIA | <input type="checkbox"/> Tree Care Industry Association - TCIA |
| <input type="checkbox"/> CA Solar Energy Industries Assoc. - CALSEIA | <input type="checkbox"/> Ventura County Contractors Association - VCCA |
| <input type="checkbox"/> Institute of HVAC Industries, Inc. - IHACI | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Landscape Contractors Association - LCA | |

General Operations

Check all that apply:

- Written safety program Yes No
- Safety meetings at least monthly..... Yes No
- On-site Safety Coordinator or Risk Manager Yes No
- Any retail sales (i.e., products sold to the public)? Yes No
- If Yes, what products are sold? _____
- If Yes, what are annual receipts of products sold? \$ _____
- Any wholesale sales? Yes No
- If Yes, please describe: _____
- Does insured have any other business interests, including subsidiaries?..... Yes No
- If Yes, please describe: _____
- Any sold or discontinued operations?..... Yes No
- If Yes, please explain: _____
- Any lapse in insurance in the past three years?..... Yes No
- If Yes, please explain: _____

Does the insured lease out building space to others? Yes No

If Yes, please provide list of occupants and square feet of each occupant: _____

Insured's Operations

Residential	
New Construction (other than Custom Homes)	%
Remodel	%
Service or Repair	%
Custom Home*	%
Total	100%

Commercial	
New Construction	%
Remodel	%
Service or Repair	%
Industrial**	%
Total	100%

All Operations	
Inside Buildings	%
Outside Buildings	%
Total	100%
Residential	%
Commercial	%
Total	100%

*Custom Home means any structure designed by an architect hired by the owner and is specifically designed to meet the specifications of the owner.

**Industrial Work is defined as providing services that include the installation, service, and or repair of controls, lighting, machinery and or equipment used in manufacturing, processing, and or distribution facilities (e.g., electrical operations at a food processing plant).

CUSTOM HOME WORK

Number of custom home projects completed in last 12 months? _____

How many of the custom home projects from a. above involved more than three (3) custom homes in the same housing development? _____

of Employees other than Sales or Clerical: _____ # that are Full Time? _____ Part Time? _____

Any contractor's permanent yard(s) (i.e., storage yards maintained for storage of material or equipment)? Yes No

If Yes, please provide payroll associated with the permanent yard(s): \$ _____

Do you use **subcontractors**? Yes No Annual cost of subs: \$ _____

% of work subcontracted: _____ %

Please list all types of work that are subcontracted and the percentage that each is subcontracted:

Type of Work	% of Work Subbed Out	Type of Work	% of Work Subbed Out

If subcontractors are used, are all of them always required to:

Provide insured with a Certificate of Insurance showing workers compensation and general liability insurance before they or their employees are allowed on the job site? Yes No

Maintain general liability insurance with at least a \$500,000 each occurrence limit, \$1,000,000 products-completed operations aggregate, and \$1,000,000 general aggregate limit (other than products-completed operations)? Yes No

Provide an endorsement on their general liability insurance policy naming insured as an Additional Insured before beginning work? Yes No

TRACT WORK - Housing projects or developments that include homes that are produced by one or more developers or builders of mass-produced, production homes in a project.

Has the insured worked on 25 or more homes in any new tract project or development in the past 5 years? Yes No

If Yes, what percentage of new tract work involved working on 25 or more homes in any tract project or development?
_____ %

Please complete the following for the **12 most current tract projects** worked on by the insured:

Project Name	Developer(s)	Covered under a WRAP or OCIP?	Total # of units in project	# of units worked on	Month/Year Project Completed
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			

Approximately what percentage of insured's work is performed under WRAP's or OCIP's? _____ %

Is the insured currently doing or planning to do any new tract work on 25 or more homes in any project or development? Yes No

If Yes, what percentage of work will involve new tract work on 25 or more homes in any project or development?
_____ %

Job List (Not necessary for residential pool builders if all jobs were single family jobs)

Please list the last 10 jobs completed (*qyj gt 'hj cp 'hj qug 'hkgf 'tdqyg*).

Project Name	City	Specific Description of Work Performed	*Type of Project	Job Cost

*Type of Project: Commercial (C); Single Family (SF); Multi-Family (MF); Apartment (A); Condos/ Townhouses (C/T).
MiniCo's Artisan Contractors Program excludes the following types of work: Past, present, and future new condominium and townhouse construction, all work bid or performed as a General Contractor, EIFS work, and OCIP/Wrap-Up Projects.

Exposure Base & Premium History

Please list prior policy year’s Payroll, Sub Costs, Gross Receipts, and General Liability (“GL”) Premium:

Est. for Next Yr	*Field Payroll	\$	Sub Costs	\$	Receipts	\$	Premium	\$
Current Yr	*Field Payroll	\$	Sub Costs	\$	Receipts	\$	Premium	\$
1 st Prior Yr	*Field Payroll	\$	Sub Costs	\$	Receipts	\$	Premium	\$

*Above GL payroll includes field payroll only, NOT any active field, supervisor, executive officers, partners and owners. GL payroll does not include sales or clerical.

Please indicate the # of active Owners, Partners, and Executive Officers: _____

Claims Information

Are hard copy GL loss runs (currently valued) for the past five years attached? Yes No

Please provide a detailed explanation of any open GL losses shown on the loss runs: _____

Please provide a detailed explanation of any GL loss over \$10,000 shown on the loss runs: _____

Drywall, Acoustical Tile, and Insulation (If not applicable, check here)

Please provide specific details on all "Yes" responses as indicated or in "Comments" below.

Any Exterior Insulation Finishing System ("EIFS") work? Yes No

Any exterior stucco or plastering? Yes No

Any work involving exterior framing, structural or load bearing studs including installation or alterations? Yes No

If Yes, describe: _____

Any scaffolding loaned or rented to others?

If Yes, explain extent: _____

Any wholesale or manufacturing operations? Yes No

If Yes, describe: _____

Comments: _____

Electrical (If not applicable, check here)

Please provide specific details on all "Yes" responses in "Comments" below.

Any installation of hospital equipment or life support systems? Yes No

Any cellular or wireless tower or antenna work? Yes No

Any installation and or testing of fire alarms or security systems (e.g., alarm monitoring, response company) except pre-wiring? Yes No

Any hydroelectric power (e.g., dams) projects? Yes No

Any electric light or power line construction including high-voltage overhead/underground electrical distribution and transmission lines? Yes No

Any work on traffic control lights or control signals? Yes No

Any Industrial or Agricultural work? This is defined as providing services that include the installation, service, and or repair of controls, control panels, lighting, machinery, generators, and or equipment used in manufacturing, processing, and or distribution facilities. Yes No

Any airport runway lights or air traffic control tower work? Yes No

Any elevator or escalator work? Yes No

Any work involving voltage greater than 480 volts? Yes No

Comments: _____

Fencing (If not applicable, check here)

Please provide specific details on all "Yes" responses as indicated or in "Comments" below.

Any retaining walls over 6 feet? Yes No

If Yes, describe what they retain and type of construction: _____

Any work involving deck construction? Yes No

If Yes, describe: _____

Any sales or installation of playground or similarly used equipment? Yes No

Any guardrail installation on streets or roads? Yes No

Any work adjacent to, or over, any body of water (e.g., piers, bridges) including handrails? Yes No

Any work on sound walls adjacent to highways, freeways, or major thoroughfares? Yes No

Any manufacturing and or welding operations of fences, including chain link and ornamental? Yes No

Is USA Dig or similar service called to mark utility lines prior to digging? Yes No

Any rental of fencing to others? Yes No

If Yes, please describe: _____

Any temporary fencing work performed, including for construction sites and public assembly (e.g., parks, sporting events)? Yes No

If Yes, please explain: _____

Any electrical fencing systems installed? Yes No

Comments: _____

Floor Covering (If not applicable, check here)

Please provide specific details on all "Yes" responses in "Comments" below.

Any carpet cleaning operations? Yes No

Any hardwood floor installation? Yes No

If Yes, please describe: _____

Any hardwood floor refinishing? Yes No

If Yes, please describe: _____

Comments: _____

Glazier/Glass (If not applicable, check here)

Breakdown Of Operations:

Windows & Doors	%	Commercial – Service & Repair	%
Shower & Tub Enclosures	%	Commercial – New Installation	%
Interior Mirrors	%	Residential – Service & Repair	%
Auto Glass Repair or Replacement	%	Residential - New tract installation	%
Retail	%	Residential - New custom home installation	%
Total	100%	Total	100%

Please provide specific details on all "Yes" responses as indicated or in "Comments" below.

Any new construction installation of exterior windows in new residential tracts? Yes No

Any wholesale distribution? Yes No

If Yes, please _____

Any pick up or delivery of customer vehicles? Yes No

Any work performed above 5 stories in height? Yes No

Any 24-hour emergency or 7 day-a-week operations? Yes No

Any scaffolding loaned or rented to others? Yes No

Any alterations to structural or load-bearing walls? Yes No

Any manufacturing, not including assembly of window components to be installed later? Yes No

Any sunroof or skylight installation? Yes No

Any window tinting? Yes No

If Yes, please explain process and how much is done: _____

Any other operations performed other than glass and glass related? Yes No

Any garages for auto glass repair and replacement? Yes No

If Yes, please explain: _____

Comments:

Home Installation (If not applicable, check here)

(This class includes garage door, door, cabinet, and counter top installation, interior commercial and residential stairway and rail installation, and installation of laminate, vinyl, carpet, and pre-finished hardwood flooring.)

Please describe any other work performed in "Comments" below.

Please provide specific details on all "Yes" responses as indicated or in "Comments" below.

Any manufacturing operations? Yes No

If Yes, please describe operations: _____

Any construction or remodeling that requires structural alterations? Yes No

Any retail sales operations? Yes No

Any subcontracted work not related to the ongoing operations? Yes No

If Yes, please explain: _____

Any shop operations? Yes No

Any finish carpentry? Yes No

If Yes, please provide details: _____

Comments:

HVAC (If not applicable, check here)

Please provide specific details on all "Yes" responses as indicated or in "Comments" below.

Any commercial work over 3 stories? Yes No

Any installation of roof flashings other than for HVAC? Yes No

Any work on automobiles or trucks? Yes No

Any new installation, service or repair of refrigeration systems with regards to large or industrial applications which include food processing, food or beverage cold storage plants, or distribution & warehousing facilities? Yes No

Any solar heating work? If Yes, please complete "Solar Energy" section. Yes No

Any sheet metal work? Yes No

If Yes, how much is the sheet metal work of total gross receipts? _____ %

If Yes, please complete the following for all sheet metal work performed:

Type of Sheet Metal Work Performed

Please check:

Please check & indicate %:

Gutters & Downspouts – Fabrication Only

For Insured

For Others; % of Gross Receipts: _____

Gutters & Downspouts - Installation

For Insured

For Others; % of Gross Receipts: _____

Duct Work

For Insured

For Others; % of Gross Receipts: _____

Flashing – Non-HVAC Related

For Insured

For Others; % of Gross Receipts: _____

Ornamental or Job Shop

For Insured

For Others; % of Gross Receipts: _____

Other (Describe) _____

For Insured

For Others; % of Gross Receipts: _____

Other (Describe) _____

For Insured

For Others; % of Gross Receipts: _____

Other (Describe) _____

For Insured

For Others; % of Gross Receipts: _____

Other (Describe) _____

For Insured

For Others; % of Gross Receipts: _____

Any work performed by cranes or lifts? If Yes, please answer the following: Yes No

How much of all crane work does insured subcontract out? _____ %

If insured performs any crane work, please provide detailed description of crane(s) (including length of boom, gross vehicle weight, make, and model) or provide pictures of each crane owned by insured. _____

If a lift is used, what is the maximum height? _____ Feet

If insured does any crane work, please detail operator qualifications in "Comments" below.

Comments:

Landscaping (including Arborists) (If not applicable, check here)

Breakdown Of Operations:

Residential access median work	%	Tree Removal (less than 8 feet in height)	%
Highway, freeway, or median work	%	Tree Removal (greater than 8 feet in height)	%
New construction or maintenance of golf courses, parks, or country clubs	%	Planting or relocating of palm trees over 8 feet in height	%
Retaining wall or concrete work	%	Tree Trimming (while standing on the ground)	%
What is maximum height of retaining walls?	feet	Tree Trimming (other than while standing on the ground)	%
New construction or maintenance of public assembly exposures such as parks, ballparks, playgrounds, and tennis courts	%	Stump Grinding	%

Please provide specific details on all "Yes" responses as indicated or in "Comments" below.

- Any retail or wholesale nursery or greenhouse operations, including incidental sales? Yes No
- Any work involving excavation or grading of land deeper than 30" or slopes greater than 15 degrees? Yes No
- Any use of restricted chemicals (as identified by respective State Regulations)? Yes No
- Any right-of-way work on dedicated or public roads? Yes No
- Any rough or finish grading? Yes No
- Any work involving crane operations? Yes No
- Any trimming around power lines? Yes No
- # of Certified Arborists on staff: _____

Comments:

Masonry and Concrete (If not applicable, check here)

Please provide specific details on all "Yes" responses as indicated or in "Comments" below.

- Any public step or sidewalk work? Yes No
 If Yes, please explain precautions taken to ensure public safety: _____
- Any exterior veneer work? Yes No
 If Yes, please explain type and extent of work: _____

Any foundation, tilt-up, or structural work? Yes No

Any sawing out or removing or altering of any structural foundation, footing, residential, or concrete building pads? Yes No

Any work on sound walls in conjunction to highways, freeways, or major thoroughfares? Yes No

Any work on retaining walls over 6 feet? Yes No

Any sound walls over 8 feet? Yes No

Any shop operations, manufacturing, or fabrication of any products? Yes No

If Yes, please explain: _____

Any new tile tract work involving more than 25 homes in a project or development? Yes No

If Yes, how much of operation is dedicated to this type of work? _____ %

Comments: _____

Painting, Paper Hanging and Drapery/Window Treatment (If not applicable, check here)

Please provide specific details on all "Yes" responses as indicated or in "Comments" below.

How much of exterior painting operations involve heights greater than three (3) stories? _____ %

Any new tract work involving more than 25 homes in a project or development? Yes No

If Yes, how much of operation is dedicated to this type of work? _____ %

Any application of waterproofing, deck sealing, primer or similar solutions? Yes No

If Yes, how much of operation is dedicated to this type of work? _____ %

Any painting of automobiles? Yes No

Any painting of machinery or other processing equipment? Yes No

Any painting of bridges, towers, tanks, and other similar structures? Yes No

Any pavement marking other than private parking lots? Yes No

Any removal of lead based paint? Yes No

Any wholesale or retail paint sales other than incidental sales? Yes No

Any sandblasting not part of the painting operation? Yes No

If Yes, please explain: _____

Any scaffolding loaned or rented to others? Yes No

Comments: _____

Plumbing (If not applicable, check here)

Please provide specific details on all "Yes" responses as indicated or in "Comments" below.

Any sewer plant clean out work performed? _____ %

Any new tract work involving more than 25 homes in a project or development? Yes No

If Yes, how much of operation is dedicated to this type of work? _____ %

Any work involving automatic fire sprinkler systems, fire lines and standpipes used for fire protection? Yes No

Any new installation or sales of LPG tanks? Yes No

Any work on boilers? Yes No

If Yes, how much involves work on boilers over 2,000,000 BTU's on a job site? _____ %

Any work involving trenching or excavation - for other than plumbing? Yes No

Any work involving liquids other than water or sewer (i.e., hazardous liquids)? Yes No

If Yes, please explain: _____

Comments:

Solar Energy (If not applicable, check here)

Please provide specific details on all "Yes" responses as indicated or in "Comments" below.

How much of operations is hot water heating systems (water flowing through pipes)? _____ %

Please describe operations including if solar is for other than heating pools:

Any industrial or governmental installations? Yes No

Any work performed by you or on your behalf not related to solar energy systems? Yes No

Do you perform photovoltaic installations? Yes No

If so, what is the percentage of work? _____ %

Any manufacturing of solar panels? Yes No

What are the average years of experience of your installers? _____ Yrs

Any roofing operations? Yes No

If Yes, please explain: _____

If Yes, how much of operation is dedicated to this type of work? _____ %

Any new tract work involving more than 25 homes in a project or development? Yes No

If Yes, please explain: _____

Any shop operations, manufacturing, or fabrication of any products? Yes No

If Yes, please explain: _____

Any **new tracts** that you expect to work on more than 25 homes in the project or development? Yes No

If Yes, how often? _____ %

Comments:

Swimming Pool Builders and Subcontractors (If not applicable, check here)

Please complete each particular section of the qualifier if insured performs other work besides just pool construction (e.g., pool electrical, landscaping around pool or yard, pool tile, etc.)

Please provide specific details on all "Yes" responses as indicated or in "Comments" below.

Installation of diving boards, diving rocks, slides, or ladders? Yes No

If Yes, what percentage of operations? _____ %

If Yes, approximately how many are installed each year?:

Diving Boards/Rocks _____ Slides _____ Ladders _____

If diving boards, rocks, or slides are installed, are there depth requirements specified? Yes No

If Yes, how deep? _____ Feet

If Yes, what is the maximum height off the water of diving boards, rocks, or slides? _____ Feet

If diving boards are installed, how many are done for commercial projects (e.g., high schools, country clubs, aquatic centers, etc.)? _____

Any commercial construction, water parks, and or community water play parks? Yes No

If Yes, please provide details: _____

Any work performed by or on your behalf not related to pool construction? Yes No

Any manufacturing? Yes No

Any blasting? Yes No

Any solar heating? If Yes, please complete "Solar Energy" section.

Yes No

Comments:

Tile (If not applicable, check here)

Please provide specific details on all "Yes" responses as indicated or in "Comments" below.

How much work is granite, marble, Corian, and the like? _____ %

How much work is ceramic tile and the like? _____ %

Any new tile tract work involving more than 25 homes in a project or development? Yes No

If Yes, how much of operation is dedicated to this type of work? _____ %

Any shop operations, manufacturing, or fabrication of any products? Yes No

If Yes, please explain:

Comments:

FRAUD WARNING: APPLICABLE TO ALL STATES

Any person who knowingly and with intent to defraud any insurance company or other person files an application 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

CALIFORNIA FRAUD WARNING

FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM:

ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and or authorization or agreement to bind the insurance.

NOTICE TO APPLICANTS:

- a) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a crime.
- b) You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, you will immediately notify the Underwriters of such changes.
- c) You understand that the General Liability coverage is subject to premium audit at policy expiration or cancellation and that the audit may result in additional or return premium to the first named insured.

Signed and Dated by Owner or Officer:

Printed Name and Title:

Signed and Dated by Producer:

Printed Name and Title:

For Producer Use Only (Please answer all items):

Is this a current insured? Yes No

Does insured's current GL policy have a Prior Work or Prior Acts Exclusion? Yes No

Please note which coverages the agency writes for this insured:

GL	<input type="checkbox"/>	Inland Marine	<input type="checkbox"/>	Workers' Compensation	<input type="checkbox"/>
Auto	<input type="checkbox"/>	Property	<input type="checkbox"/>	Excess	<input type="checkbox"/>

Contractor’s Pollution Liability – Supplemental Information

This section is required only if accepting the Contractor’s Pollution Liability coverage offer.

Current/Prior Liability Contractor’s Pollution Liability (“CPL”) Carrier Information:

COVERAGES	CARRIER	MOLD	LIMITS	DEDUCTIBLE	RETRO	PREMIUM
<input type="checkbox"/> CPL Occurrence		Yes <input type="checkbox"/> No <input type="checkbox"/>				
<input type="checkbox"/> CPL Claims Made		Yes <input type="checkbox"/> No <input type="checkbox"/>				

Total Premium \$ _____

Claims Information:

1. Have any claims been made previously (last five years) against the Applicant or reported under any Commercial General Liability, Contractor’s Pollution Liability or Professional Liability policies? Yes No

	Total Incurred	# of Claims	Valuation Date	Include Loss & Expenses Paid & Reserved
Current Year				
1 st Prior Year				
2 nd Prior Year				
3 rd Prior Year				
4 th Prior Year				

2. Has any claim, suit or notice of incident been made against the firm or any staff member? Yes No
If yes, please attach full details on each incident.
3. Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him/her, the firm, his/her predecessors in business, any of the present or past partners or officers, or any staff member? Yes No
If yes, please attach full details on each incident.