



**EVERGREEN
INSURANCE
MANAGERS**
INC

LAWNCARE / LANDSCAPING SUPPLEMENT

(Include Acord Application)

Applicant's Name: _____ Location Address: _____

Mailing Address: _____

Phone: _____

Fax: _____

Description of work performed _____
 Does applicant use pesticides or herbicides? Yes No If yes, are they EPA approved? Yes No
 How are employees trained in the handling of pesticides or herbicides: _____
 Does the applicant install lawn sprinkler systems? Yes No
 Does applicant subcontract work? Yes No
 If yes, type of work subcontracted: _____
 Are certificates of insurance obtained? Yes No Annual Subcontract cost: \$ _____
 Are utilities contacted prior to work? Yes No
 Any repair work offered? Yes No
 If yes, please describe: _____

Description of Operations

Employee Data

Category Payroll		
Landscaping \$		
Lawn servicing (mowing, fertilizing, etc.)		\$
Snowplowing	Residential	\$
	Commercial - Retail	\$
	Commercial - Other	\$
	Streets & Roads	\$
Tree work/ Trimming or removal		\$
Fumigation, crop dusting or aerial spraying		\$
Highway or utility right-of-way maintenance		\$
Other - Please describe		\$
TOTAL PAYROLL (excluding snowplowing):		\$

Category Number		
Owner(s) only		
Other than clerical:		
Full-time		
Part-time		
Leased		
TOTAL:		

During the past three years, has any company ever cancelled, declined or refused to issue similar insurance to the applicant? No Yes
 If yes, please explain: _____

Not applicable in Missouri

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance. **Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

Applicant: _____ Producer: _____

Signature: _____ Signature: _____

Date

Date