

Landscaping & Lawn Maintenance Questionnaire

Named Insured _____

- 1) Please provide a percentage breakdown of work performed for each of the following operations:
_____ Landscape Maintenance (not including grass cutting)
_____ New Construction
_____ Trenching
_____ Sprinkler Installation
_____ Sod Installation
_____ Grass Cutting

- 2) Does the insured perform sod installation? YES NO
a. If yes, is sod installation done by manual means? YES NO

- 3) Does the insured perform any tree trimming operations? YES NO
a. If yes, to what height is tree trimming performed? _____
b. How is the tree trimming work performed (i.e. ground with pole, bucket trucks, ladders etc)? _____

- 4) Does the insured spray or use any pesticides/chemicals? YES NO
a. If yes, are the employees certified doing this work? YES NO

- 5) Does the insured perform any planting of trees, shrubs, etc? YES NO
a. If yes, what size trees are typically planted? _____

- 6) Does the insured provide any group transportation of employees? YES NO
a. If yes, what is the maximum number of workers transported in a vehicle? _____

- 7) Are I-9 (Employment Eligibility Verification) forms checked for all employees?
 YES NO

- 8) Is any day labor utilized by the insured? YES NO

- 9) Does the insured perform any work along highways or major roadways? YES NO

- 10) Please provide details of any "off season" operations performed by the insured:

