

**Arch Insurance - Construction Middle Market Division
Supplemental Questionnaire for Landscape Contractor**

Date:

CONTACT INFORMATION

Named Insured:

Contact/Applicant Name:

Phone:

Website:

Email:

BUSINESS DETAILS

Year Business Established:

Please provide a Description of your Operation:

If the business ever operated under a different name, please list them

Average Number of Employees:

Peak Seasonal:

Day Labor:

Please list States In Which You Operate:

Please list the States you have worked in within the last 10 years (not listed above):

Annual Sales Volume/Receipts:

Projected

2nd Prior Year

Expiring

3rd Prior Year

1st Prior Year

4th Prior Year

**Arch Insurance - Construction Middle Market Division
Supplemental Questionnaire for Landscape Contractor**

Payroll History:

Projected	2nd Prior Year
Expiring	3rd Prior Year
1 st Prior Year	4 th Prior Year

Subcontractor Cost:

Projected	Expiring
-----------	----------

Please list the percentage of Total Receipts that you perform in each Market Segment:

Commercial	%	Residential	%
Other (describe):			%

Please list the percentage of Total Receipts that/if you perform in:

New Construction	%	Service/ Maintenance	%
Manufacturing (Sell to Third-Party):			
Chemicals	%	Sod	%
Nursery	%	Trees	%

Please list the percentage of Total Receipts that you operate as:

General Contractor	%	Subcontractor	%
--------------------	---	---------------	---

**Arch Insurance - Construction Middle Market Division
Supplemental Questionnaire for Landscape Contractor**

CONTRACTUAL RISK TRANSFER

Do you require a Subcontract Agreement be used for all subcontracted work?

If "No", please describe when a Subcontract Agreement would not be used for subcontracted work.

Do you collect Certificates Of Insurance from all Subcontractors?

How are they tracked for Expiration?

Do you require that all Subcontractors name you as "Additional Insured"?

How Do You Pre-Qualify Subcontractors?

Design Work:

Does the company do Design Work?

If "Yes", is a Professional Policy in place for the company?

If "Yes", what are the Policy Limits?

Pollution:

Is a Pollution Policy in place for the company?

If "Yes", what are the Policy Limits?

How Do You address QA/QC On Jobs?

**Arch Insurance - Construction Middle Market Division
Supplemental Questionnaire for Landscape Contractor**

BASIC SAFETY PROGRAM COMPONENTS

Does the company have the following components? (Yes/No)

Full Time Safety Director:

Safety Director's Name

Written Safety Program:

New Hire Orientation:

Safety Training:

Drug Testing Program:

Pre-Hire?

Post-Accident?

Random?

Reasonable Susp?

Safety Task Analysis or Site Specific Plan:

Light Duty/Return to Work Program:

Crisis Management Plan:

BASIC FLEET PROGRAM COMPONENTS

Does the company have the following components? (Yes/No)

Written Fleet Program:

Including Vehicle Maintenance:

Crew or group transport:

Bus:

Van:

Motor Vehicle Report (MVR) run at hire?

Annually:

For cause/Post-Incident:

Motor Vehicle Report (MVR) Written Driver Criteria:

If "Yes", please describe:

**Arch Insurance - Construction Middle Market Division
Supplemental Questionnaire for Landscape Contractor**

How do you manage EPA Chemical Licensing:

Please describe how you manage Traffic and Work Zone Safety:

Please describe your efforts with Wildfire Management:

Please describe any Trade Associations or Groups that you participate (NALP, State Chapter, ASLA, APLD, etc.):

Signature: _____

Date:

Title: