

Landscaping & Lawn Maintenance Supplemental Risk Questionnaire

1. Legal name:
2. Years in business:
3. How many years experience does ownership have in this trade?
4. What is the average experience level of the employees?
5. Detailed description of operations:

6. Payroll and premium information for the current year and last three (3) years:

Year	Payroll	Premium
Current:		
1 st Prior:		
2 nd Prior:		
3 rd Prior:		

7. Percentage of work:

	% Residential		% Commercial	
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8. Does the applicant do any lawn maintenance?

	Yes	No
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9. Does the applicant install retaining walls, landslide erosion control, or fountains?

	Yes	No
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10. Does the applicant install patios or brickwork?

	Yes	No
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11. Does the applicant install any plants and/or trees?

	Yes	No
--	-----	----
12. Does the applicant install irrigation systems?

	Yes	No
--	-----	----
13. Does the applicant perform any median or roadside work?

	Yes	No
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14. Does the applicant perform any snow plowing on major roadways for DOT or municipalities?

	Yes	No
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15. Does the applicant use any pesticides, fertilizers or other chemicals?

	Yes	No
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If yes, are these products stored in bulk?

	Yes	No
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What training and/or certifications are provided?

Is personal protective equipment used and/or provided?

	Yes	No
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Landscaping & Lawn Maintenance Supplemental Risk Questionnaire (cont.)

16. Does the applicant accept jobs requiring overnight stays or out-of-state work? Yes No
If yes, how many overnights per year?
How many overnights per year is work performed in other states?
Are local workers hired when work is being performed in other states? Yes No
Are there any employees who permanently reside in another state? Yes No
17. Is any work performed above ground level (including, but not limited to, tree trimming, holiday light installation, banner installation and power washing)? Yes No
18. What is the total number of employees? Full-time Part-time
Day/Casual laborers Union Temp/Seasonal
19. Are employee health plans provided by the employer? Yes No
If yes, what percent of employees participate in the healthcare plan? %
- 20: Are any employees paid via 1099? Yes No
If yes, do any of these individuals work for others? Yes No
21. Are subcontractors used? Yes No
If yes, what percentage of work is sub-contracted? %
Describe the type of work sub-contracted:
Is a certificate of insurance required for all subcontractors? Yes No
22. How many vehicles are owned?
If yes, any group transportation exceeding five (5) employees or seat belt capacity? Yes No
How many drivers?
Are MVR's checked annually, and driver criteria in place and enforced? Yes No
23. What type of equipment is used?
24. Is there a regularly-scheduled and documented maintenance program? Yes No
25. Are operators certified on industrial trucks or the heavy equipment listed in #23? Yes No
26. Are employees supervised by an owner or manager at all times? Yes No

Landscaping & Lawn Maintenance Supplemental Risk Questionnaire (cont.)

27. Does employer provide the following equipment for employees?

	Yes	No		Yes	No
Hearing Protection			Gloves		
Protective Footwear			Long Sleeve Shirts and Long Pants		
Eye Protection					

28. Are job site hazard evaluations performed (including overhead or below-ground utilities identified)?

Yes No

29. Are proper lifting techniques in place for more than fifty (50) pounds? Yes No

30. Is a formal orientation program provided to employees? Yes No

If yes, explain?

31. Is job safety training provided? Yes No

If yes, explain?

32. Would the applicant be willing to comply with alternate duty return-to-work? Yes No

33. Is the applicant currently insured in an Assigned Risk Pool program? Yes No

To the best of my knowledge, all of the information I have given about my business is true and correct.

Officer or Owner of Business

Date

