



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:
