



Pennock Insurance, Inc.

2 Christy Drive, Suite 100
Chadds Ford, PA 19317

1.800.662.5182 Call
484.631.0816 Fax
pennockins.com

Landscaping General Liability Application

Applicant's Name _____

 Mailing Address _____

 Web site Address _____

Agency Name _____
 Agent _____
 Address _____

 E-mail _____
 Phone _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

Limits Of Liability and Deductible Requested:

| | |
|--|--|
| General Aggregate (other than Products/Completed Operations) | \$ |
| Products & Completed Operations Aggregate | \$ |
| Personal & Advertising Injury (any one person or organization) | \$ |
| Each Occurrence | \$ |
| Damage To Premises Rented To You (any one premise) | \$ |
| Medical Expense (any one person) | \$ |
| Errors & Omissions (Cannot exceed GL Limits) | Each Claim \$ Aggregate \$ |
| In-Transit Pollution Coverage | \$25,000/\$100,000 (included) |
| Lost Key Coverage | \$25,000 (included) |
| Pesticide/Herbicide Applicator Coverage (Included up to GL limits) | \$ |
| Property Damage Extension (CCC) (Cannot exceed GL Limits) | <input type="checkbox"/> \$5,000/\$25,000 (included) <input type="checkbox"/> Other |
| Other Coverages, Restrictions, and/or Endorsements: | \$ |
| Deductible | \$ |

1. Location Of Operations:

| Street Address and City | State |
|---|-------|
| 1. <input type="checkbox"/> Same as mailing address | |
| 2. | |
| 3. | |

2. Additional Insured Information:

| Name | Address |
|------|---------|
| | |
| | |
| | |
| | |

3. How long has applicant been in business? _____ years Full-time Part-time

4. Does applicant use pesticides or herbicides? Yes No

If yes: Are they EPA approved? Yes No

How are employees trained in handling them? _____

What is the percentage of operations?..... _____ %

5. Does applicant subcontract work? Yes No

If yes: Annual subcontract cost: \$ _____

Type of work subcontracted: _____

Are Certificates of Insurance obtained? Yes No

Minimum limits required of subcontractors: \$ _____

6. Description Of Operations:

| Operation | Payroll | Receipts |
|--|--------------------------------|----------|
| Crop dusting or aerial spraying | \$ | \$ |
| Fumigation | \$ | \$ |
| Highway or utility right-of-way maintenance | \$ | \$ |
| Landscaping | \$ | \$ |
| Lawn servicing (mowing, fertilizing, etc.) | \$ | \$ |
| Sales of commercial fruit trees and/or seeds | Not Applicable | \$ |
| Snow removal | Residential | \$ |
| | Commercial—Retail | \$ |
| | Commercial—Other | \$ |
| | Public Streets or Roads | \$ |
| Tree trimming | \$ | \$ |
| Tree/stump removal | \$ | \$ |
| Other—Please describe: | \$ | \$ |
| Total | \$ (excluding snow removal) | \$ |

7. Employee Data:

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

8. During the past three years has any company ever canceled, declined or refused to issue similar insurance to the applicant (Not applicable in Missouri)? Yes No

If yes, please explain: _____

9. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No

If yes, describe: _____

10. Does applicant have any other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

11. Prior Carrier Information:

| | Year: | Year: | Year: |
|----------------------------------|-------|-------|-------|
| Carrier | | | |
| Policy No. | | | |
| Coverage | | | |
| Occurrence or Claims Made | | | |
| Total Premium | | | |

12. Loss History:

| Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. <input type="checkbox"/> Check if no losses last three years | | | | |
|--|---------------------|-------------|-----------------|-------------------------------|
| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claim Status (Open or Closed) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.