

NORTHERN CALIFORNIA: (209) 472-7042 - (800) 472-7043 SOUTHERN CALIFORNIA: (714) 550-5050 - (800) 660-1125

SAN DIEGO: (800) 660-1125

License #0705050

Landscaping General Liability Application

Applicant's Name Age	ent Name
Mailing Address Add	dress
	OPOSED EFFECTIVE DATE:
Fro 12	om To 2:01 A.M., Standard Time at the address of the Applicant.
	Joint Venture
LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$
Products and Completed Operations Aggregate	\$
Personal and Advertising Injury	\$
Each Occurrence	\$
Fire Damage (any one fire)	\$
Medical Expense (any one person)	\$
Property Damage Extension (CCC) Occurrence	\$
Aggregate	\$
Other	\$
Other	\$
Deductible (\$500 minimum)	\$
LOCATION OF OPERATIONS	
Street Address and City	State
1. Same as mailing address	
2.	
3.	
1. How long has applicant been in business? years	Full-time Part-time
Does applicant use pesticides or herbicides? If yes, are they EPA approved?	

If yes: Annual sub	k subcontracted:				
• •	ates of Insurance obtaine				
ESCRIPTION OF OPI	RATIONS				
Operation Operation		Payrol	I	Receipts	
Landscaping		\$	Not A	Not Applicable	
Lawn servicing (mowing, fertilizing, etc.)		\$ Not App		oplicable	
Snowplowing Residential		\$ \$		<u> </u>	
. Commercial—Retail		mmercial—Retail	\$ \$		
	Cor	mmercial—Other	\$	\$	
Streets and Roads		\$			
ree work			\$	Not A	oplicable
Fumigation, crop dusting or aerial spraying		\$	· · · · · · · · · · · · · · · · · · ·		
Highway or utility right-of-way maintenance		\$	· · · · · · · · · · · · · · · · · · ·		
Sales of commercial fr	uit trees and/or seeds		Not Applicable \$		
Other—Please describ	e				
		\$			
Total Pay	roll (excluding snowplow	ving)	\$	Not Applicable	
MPLOYEE DATA				,	
Category	Number		During the past three years has any company ever canceled, de-		
Owner(s) only				ver canceled, d d to issue simila	
Other than clerical:				e applicant? (N	
Full-time			• •	ouri) ain:	
Part-time		' '	yes, piease expir	aii i	
Leased					
Total					
RIOR INSURANCE H	STORY	loss run attache	ed		
rear Compar	Policy No.	Premium	Paid Losses	Reserved Losses	Loss Description
					•

Name	Address
This application does not bind the applicant nor tion contained herein shall be the basis of the co	the Company to complete the insurance, but it is agreed that the informa- ntract should a policy be issued.
APPLICABLE IN THE STATE OF NEW YORK:	
surance or statement of claim containing any n formation concerning any fact material thereto,	efraud any insurance company or other person files an application for in- naterially false information, or conceals for the purpose of misleading, in- commits a fraudulent insurance act, which is a crime, and shall also be and dollars and the stated value of the claim for each such violation.
FRAUD WARNING:	
surance or statement of claim containing any ma	efraud any insurance company or other person files an application for in- aterially false information or conceals for the purpose of misleading, infor- ommits a fraudulent insurance act, which is a crime and subjects such
PRODUCER'S SIGNATURE:	DATE:
APPLICANT'S SIGNATURE:	DATE:
A OFNIT NIA ME.	AGENT LICENSE NUMBER:

—— IMPORTANT NOTICE —

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION OR AUDIT: ______

As part of our underwriting prodedure, 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.

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