

Roush Insurance Services, Inc.
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Email: quote@roushins.com
Applications available at www.roushins.com

Agency _____ Code _____
 Producer _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____

Landscaping/Tree Trimming General Liability Application

Proposed Dates: From _____ to _____

Applicant Name _____ Inspection Contact _____
 DBA _____ Inspection Contact Phone Number _____
 Mailing Address _____ Location Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Phone: Day _____ Evening _____ Website _____
 Individual Partnership Joint Venture Trust LLC Corp or Other Organization: _____

Business Description _____
 Length of Time in Business/Experience _____ yrs _____ mos New Venture? Yes No Non-Profit? Yes No
 Prior Carrier _____ Expiring Premium \$ _____ Lapse in Coverage? Yes No, Reason _____

Any Claims in Last Three Years? Yes No, Describe and Attach Loss Runs _____

Has any Company Cancelled or Refused Coverage to the Applicant? Yes No, Reason _____

Is applicant in Bankruptcy? Yes No, Describe _____

DESIRED LIMITS & COVERAGES (Please Note: Quotation may not conform to limits and coverages requested on application.)

LIABILITY LIMITS \$ _____ Per Occurrence / \$ _____ Aggregate

1. Location Of Operations:

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

2. 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? %

Any algae or plant control in lakes, ponds, rivers and streams?..... Yes No

If yes, percentage of sales? %

3. Subcontracted work (include cost of labor and materials):

a. Uninsured Subcontractors: Total Cost: \$ _____

b. Insured Subcontractors: Total Cost: \$ _____

Payroll: \$ _____

c. Does applicant obtain certificates of insurance from all subcontractors?..... Yes No

If yes, minimum limits required: \$ _____

d. Is applicant added as an additional insured on the subcontractors' liability policies? Yes No

e. Type of work subcontracted: _____

4. Description Of Operations:

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

5. Employee Data:

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

6. Additional Insured Information:

Name	Address	Interest

7. 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: _____

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

If yes, explain and advise where insured: _____

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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

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.