

There When It Matters Most www.donegalgroup.com

LAWN MAINTENANCE AND GARDENING SUPPLEMENTAL APPLICATION

This Supplemental Application along with all other requested Donegal Insurance Group Applications and/or ACORD Applications constitute the Application for Insurance.

Α.	APPLICANT INFORMATION						
Αŗ	pplicant Name¹:		Web Site Address:				
Qi	uote/Policy Number:	Date Quote Needed:					
Αç	gency Name and Number:		Effective Date:				
1 W	nenever used in this Application, the term "Applicant" includes al the Parent Corporation and all of its subsidiaries, un		ading names, 'Doing Business As' (DBA) names, and if include contrary in the Remarks section of this Application.	orporated			
В.	GENERAL INFORMATION						
1.	Describe the operation by providing the percent of total operations resulting from each item listed under the three groups below.						
	a.) Residential:	%					
	Commercial:	%					
	Public:	%					
	b.) Lawn Maintenance (mowing lawns):	%	Building/Repairing Decking:	%			
	Lawn Care (de-thatching, aerating, fertilizing or seeding):	%	Building/Repairing Walks, Driveways, Sidewalks (Dry Laid-Flagstone, Brick,				
	Pesticide and Herbicide application exposure*:	%	Cobblestone, etc.)*:	%			
	Planting, Removing or Trimming Shrubs:	%	Installing Underground Sprinkler Systems*: _	%			
	Planting Trees:	%	Installing Underground Drains or Lighting*: _	%			
	Tree Trimming*:	%	Installing Ornamental Pools, Fountains or				
	Tree Removal*:	%	Spas:	%			
	Grading of Land*	%	Strip Mine Reclamation*:	%			
	Excavation*:	%	Retail Sales Receipts: \$	%			
	Building/Repairing Fences or Walls:	%					
	*Describe:						
	c.) Operating as a Prime Contractor: Operating as a Sub-Contractor:	% %					
2.		/0	☐Yes	□No			
۷.	Describe:						
3.	Any snowplowing?] No Re	ceipts: \$				
	(If yes, additional snow removal supplemental app	plication may	v be required)				
4.	Any hauling for others?] No Re	eceipts: \$				
5.	Any underground storage tanks owned/operated'		☐ Yes [mental Application – DCCL-FF SA Ed. 08/08	☐ No			

6.	Does applicant subcontract out any work?		☐ Yes ☐ No
	If yes, indicate:		
	a. Operations performed by subcontractor(s):		
	b. Total cost of subcontracted work past year:		
	c. Are certificates of insurance obtained from all subcontra	☐ Yes ☐ No	
	d. Do any subcontractors carry coverages or limits less th	☐ Yes ☐ No	
7.	Is equipment leased to others with or without operators?	☐ Yes ☐ No	
	Describe:		
8.	Do operations include the application of herbicides or pestic		
	in which a license or permit is required to apply?		☐ Yes ☐ No
	If yes, describe & include any applicable license number.		
9.	Any excavation?		☐ Yes ☐ No
	If yes, complete the following:		
	a. Is the appropriate Public Utility Inquiry Phone Number of		
	in order to locate underground utility lines?	☐ Yes ☐ No	
	b. Are records kept of the inquiry and visual evidence of the	☐ Yes ☐ No	
	c. Are excavations marked and guarded at the end of each	☐ Yes ☐ No	
	d. Is there ever excavation or work done in trenches below	☐ Yes ☐ No	
	If yes, are OSHA guidelines followed for all excavations		
	in which employees could potentially be exposed to ca	☐ Yes ☐ No	
	Please check trenching risk controls that are used:	Sloping or Benching	☐ Yes ☐ No
	g	Shoring or Bracing	☐ Yes ☐ No
		Shield Placement	☐ Yes ☐ No
		Use of Competent Person	☐ Yes ☐ No
	e. What is the maximum depth of excavation?	ft.	
10.	Check any loss prevention controls in place:		
	☐ Safety committee		
	☐ Posted physicians panels		
	Light duty return to work program		
	☐ Written safety program		
	☐ "Tool Box" safety talks		
	Other (Describe):		
11	List largest jobs in progress.		
11.		Cost	
_		ocation/Description	COSI
a. h			
C.			

	at largest jobs completed within the past Customer Name	Location/Description	Cost		
a					
b					
C.					
REMARKS:					