LandPro® by NIP GROUP

TreePro® by NIP GROUP

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Website: www.NIPGroup.com
Toll-free Phone: (800) 446-7647

LandPro® TreePro® Package Supplemental Questionnaire

Insured: _____

Federal Tax ID # _____ Or Owner's Social Security # _____ Expiring Premium _____ Years in business_____

List all states that you perform work in_____

1. DESCRIPTION OF OPERATIONS:

A. STAFF

Number of Owners / Partners Etc. _____ Payroll for owners in the field $_____

Number Full Time Employees _____ Number Part Time Employees _____

Briefly describe the owner(s) day-to-day involvement (i.e. in the field):

_____

What percentage of your work is as a: General Contractor _____% Construction Manager _____% Subcontractor _____%

Do you work in the five boroughs of NYC? o **Yes** o **No**

Do you work in Cook County, IL? o **Yes** o **No**

B. CLIENTELE – Indicate the percentage of work performed by you (MUST TOTAL 100%)

New Construction (PRIOR to certificate of occupancy)	Maintenance/Repair (AFTER certificate of occupancy)
_____**%** Residential	_____**%** Residential
_____**%** Commercial	_____**%** Commercial
_____**%**Government Facility*	_____% Government Facility*

***Copy of contracts with government entities are required to quote**

Residential clients (check all that apply):

☐ Single Family Homes ☐ Home Owner Assoc. ☐ Condo Assoc. ☐ Multi-unit Residential (including apartments)

Will you perform ANY WORK for projects involving tract housing developments OR multi-unit residential structures including apartments **PRIOR** to the issuance of the certificate of occupancy? o **Yes** o **No**

Have you EVER performed ANY WORK for projects involving tract developments or multi-unit residential structures including apartments **PRIOR** to the issuance of the certificate of occupancy? o **Yes** o **No**

Are you insured under an OCIP (Owner Controlled Insurance Program)? o **Yes** o **No**

If yes, list annual payroll for OCIP project (should not be included below) $_____

C. OPERATIONS

Type of Work	Payroll	Receipts
Tree pruning, trimming (other than utility line)*	$	$
Utility Line Clearing * Power: _____% Communications: _____%	$	$
Tree Removal*	$	$
Land Clearing for developments* (housing or other structures)	$	$
Stump Grinding	$	$
Spraying of Lawn, Plants or Trees	$	$
Firewood or Mulch Sales	$	$
Snow Removal **	$	$
Lawn Cutting and Light Clean Up	$	$

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Landscape Gardening (installation of plants, trees, shrubs, mulch application, sprinkler head repair, lawn cutting, trimming)	$	$
Irrigation Installation in conjunction with Landscape	$	$
Hydro-seeding or Sod Laying	$	$
Nursery	$	$
Landscape Construction OTHER THAN planting or sod laying (e.g. concrete work, drainage systems, irrigation, fences, walls, decks etc.)**	$	$
Other : _____	$	$

***Copy of contracts with government entities are required to quote**
****If you've entered snow removal or landscape construction payroll above, completion of last page is required**

D. SUBCONTRACTS

% of Work Subcontracted ____%____ Cost of Subcontracts $_____

Type of work Subcontracted: _____

Are Certificates of Insurance required from Subcontractors? o Yes o No
Do your contracts with subcontractors contain indemnification and/or hold harmless wording? o Yes o No

2. ADDITIONAL INSURED REQUIRMENTS

Is BLANKET additional insured for ongoing operations required? o Yes o No

Approx. number of government contracts requiring additional insured status for ongoing operations _____

Is BLANKET additional insured status with completed operations required? o Yes o No

Approx. number of residential jobs requiring additional insured status with completed operations _____

Approx. number of commercial/non-habitation jobs requiring additional insured status with completed operations _____

Approx. number of government contracts requiring additional insured status with completed operations_____

3. PEST MANAGEMENT

Do you apply pesticides and/or herbicides? o Yes o No
If you've answered yes to the question above please complete the LandPro®TreePro™ Pesticide/Herbicide and Pollution Liability Questionnaire

4. EMPLOYEES AND SAFETY:

Do you have a formal hiring procedure manual? o Yes o No
Do you conduct reference checks? o Yes o No
Employee Turnover Rate _____%
Do you have a formal training/safety program in place? o Yes o No
Are employees trained in use of each piece of equipment? o Yes o No
Is safety training documented? o Yes o No
Is pre-employment drug testing conducted? o Yes o No
Are employees trained what to do when a vehicle or customer accident occurs? o Yes o No
Actions taken on problem drivers? o Yes o No
Do you have any incentive based safety programs? o Yes o No
Are you a member of any professional Landscape or Arborist Association? o Yes o No
Name of Association(s):_____
Describe your training / safety programs in place:

_____

Do you comply with all standards of any statute, ordinance, regulation or license requirements or any federal, state or local government which apply to your operations? o Yes o No

5. EQUIPMENT

List mobile equipment subject to motor vehicle or financial responsibility laws:

_____

Do you own, lease, rent, hire or borrow bucket trucks or lifts? o Yes o No

Do you own, lease, rent, hire or borrow cranes with grapples or hooks? (If yes, Crane supplemental must be completed) o Yes o No

Do you rent, lease or borrow equipment from others? o Yes o No
With Operators? o Yes o No
Type of equipment rented/leased: _____
Do you lease, rent or loan out equipment to others? o Yes o No
With Operators? o Yes o No
If yes describe the type of work: _____
Equipment maintenance program in place? o Yes o No
Address/location of the equipment stored:
Describe the type of security measures in place:

6. PROPERTY

Briefly describe the area around your building location & security (industrial, residential, off major road, type of lighting, etc.):

_____

What is the average number of visitors daily? _____
Describe the care and conditions of the premises (include housekeeping practices): _____

_____

7. AUTOMOBILE

Do you carrier Workers Compensation coverage? o Yes o No
Do drivers travel over the same routes o Yes o No
Do you obtain MVR's for all drivers annually? o Yes o No
Are road tests given to drivers? o Yes o No
Do you use 15 passenger vans to transport workers? o Yes o No
If yes, please complete 15 passenger van questionnaire
Do you have drivers under the age of 21? o Yes o No
Are employees allowed to drive company vehicles for personal use? o Yes o No
If yes, when & who? _____
Do family members have use of company vehicles? o Yes o No
If yes, when & who? _____
Are there written procedures for use of company vehicles? o Yes o No
(If yes, please attach copy)
Do you have an automobile maintenance program in place? o Yes o No
If yes, please describe: _____

8. OTHER

Do you store L.P.G., flammable liquids, ammunition or explosives on the premises? o Yes o No
If yes, please describe: _____
Are they stored in NFPA approved cabinets o Yes o No

**** Must Complete If Landscape Construction or Snow Removal Payroll Entered On Page 1****

a.

Landscape Construction	Commercial %	Residential %
Irrigation-Sprinkler System Installation/Repair - Separate Jobs (not included in Landscape project)	%	%
Underground Drainage Systems	%	%
Grading of Land	%	%
Excavation	%	%
Concrete or Cement Work – foundation, patio, sidewalk, building envelope	%	%
Retaining Walls: over 5' _____% Max height _____ft	%	%
Swimming Pool or Cistern Installation	%	%
Ornamental Pools, Fountains, Spas,	%	%
BBQ and Fire Pit Const.	%	%
Gazebos Installation	%	%
Fences-Walls-Decking Building/Repair	%	%
Vegetation / Roof Top Gardening (additional information required)	%	%
Gutter installation or repair	%	%
Other: _____	%	%
Total (Commercial and Residential must equal 100%)	0 %	0 %

b.

SNOW PLOWING:		Payrolls	Receipts
Residential: Private homes	o Yes o No	$	$

Condos, Apartments complex	o Yes o No	$	$
Public Access Office Dev./Malls	o Yes o No	$	$
Office Dev. With no Public Access	o Yes o No	$	$
Streets or Roads	o Yes o No	$	$
Member of SIMA or other Organization	o Yes o No		
# of years offering snow plowing:			
# of years experience snow plowing:			

To consider removal of snow plowing exclusion the following are required:

- Copy of snow removal contract if plowing for other than private single family residences
- Currently valued loss runs past four years
- MVR for plow operators (even if not submitting the auto for quote)

FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully*) 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 (or any combination thereof**). *Applies in MD Only. **Applies in AL Only

Applicable in CA: For your protection California law requires the following to appear on this application. Fraud Statement: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Applicable in FL, ID, IN: 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 *of the third degree. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

Applicable in KY, NY and PA: 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 to exceed five thousand dollars and the stated value of the claim for each such violation*). *Applies in NY Only.

Applicable in ME, TN, VA and WA:

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NH: 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 subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OH: 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.

Applicable in OK: WARNING: 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.

Applicable in OR: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

FRAUD STATEMENT (All Other States):

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 MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or

incomplete, notice of such change, will be reported in writing to the Insurer immediately. The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THE APPLICATION AND FRAUD WARNINGS.

I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that I may be inspected by the Insurance Company at any time.

Applicant/Print Name: _____ Title: _____

Signature: _____ Date: _____

Name and Address of Producing Agency: _____

Signature of Producing Agent: _____ License #: _____ Date: _____