GrowPro®
by NIP GROUP

GrowPro Questionnaire
Landscape / Tree Pruning Exposures

Named Insured: _____ Policy Effective Date: _____

Address: _____

	Payroll	Receipts
Landscape Maintenance (Lawn Cutting/Trimming)	$ _____	$ _____
Irrigation in Conjugation with Landscape	$ _____	$ _____
Christmas Decoration Installations	$ _____	$ _____
Tree Work	$ _____	$ _____
Spraying of Lawns, Plants, or Trees	$ _____	$ _____
Firewood or Mulch Sales	$ _____	$ _____
Utility Line Work (% of Operations)	$ _____	$ _____
Landscape Construction	$ _____	$ _____

Landscape Construction / Hardscape Exposures

If you entered landscape construction payroll on the previous page, please provide the percentage of construction operations. If none, enter "0".

_____ Irrigation Sprinkler System (New Installation)
_____ Concrete or Cement Work
_____ Swimming Pool Construction
_____ Underground Drainage Systems
_____ Grading of Land
_____ Other (Please Describe Below)

_____ Irrigation-Sprinkler System (Repair or Maint. Only)
_____ Plant, Tree, or Shrub Installation
_____ Ornamental Pools, Fountains, or Spas
_____ Gazebo Installation
_____ Fences, Wall, Decking Const. / Repair

Total: _____% (Must be 100%)

If you selected "Other", describe here: _____

_____

Do you operate as:

General Contractor	☐ Yes	☐ No
Construction Contractor	☐ Yes	☐ No
Subcontractor	☐ Yes	☐ No

If yes, indicate the % of operations:

_____% You hire multiple classes of subcontractors to perform work for you
_____% Your contract is direct with the project owner
_____% You are a subcontractor of a general contractor

Indicate the average % of your total payroll for the following:

Commercial Work _____% Residential Work: _____%

Subcontracts:

% of Work Subcontracted _____% Cost of Subcontracts $ _____

Type of work subcontracted: _____

Are certificates of insurance required from subcontractors? ☐ Yes ☐ No

Do your contracts with subcontractors contain indemnification and/or hold harmless wording? ☐ Yes ☐ No

Employee Safety

Do you have a formal safety program in place? ☐ Yes ☐ No
Is pre-employment drug testing conducted? ☐ Yes ☐ No
Do you conduct reference checks? ☐ Yes ☐ No
Employee Turnover Rate _____ %

Do you have **Snow Plowing Exposure?** ☐ Yes ☐ No If yes, indicate the type of work done:

		Payroll	Receipts
Residential (Private Homes)	☐ Yes ☐ No	$	$
Condos, Apartment Complexes	☐ Yes ☐ No	$	$
Public Access Office Dev. / Malls	☐ Yes ☐ No	$	$
Office Dev. With no public access	☐ Yes ☐ No	$	$

If you plow for any commerical or multi-unit residential customers, please provide a copy of your snow plow contract.

Have you done any construction work in the past 15 years for any of the following:

		% New or Rehab	% Service / Maint.
Multi-family housing (condos, apartments, townhouse)	☐ Yes ☐ No	%	%
Single family housing	☐ Yes ☐ No	%	%
Tract Housing	☐ Yes ☐ No	%	%
Are you insured under an OCIP?	☐ Yes ☐ No	%	%

Named Insured's Signature

Date