



**Evanston Insurance Company**  
**Markel American Insurance Company**  
**Markel Insurance Company**

**LANDSCAPING GENERAL LIABILITY SUPPLEMENT**

(Include Acord application)

**APPLICANT INFORMATION:**

Applicant's Name: \_\_\_\_\_ Location Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

1. Does applicant use pesticides or herbicides?  Yes  No  
 If yes, are they EPA approved?  Yes  No
2. How are employees trained in handling: \_\_\_\_\_
3. Does applicant subcontract work?  Yes  No  
 If yes, type of work subcontracted: \_\_\_\_\_
4. Are certificates of insurance obtained?  Yes  No Annual Subcontract cost: \$ \_\_\_\_\_
5. Are utilities contacted prior to work?  Yes  No
6. Any repair work offered?  Yes  No  
 If yes, please describe: \_\_\_\_\_
7. Type of equipment: \_\_\_\_\_
8. Any loan or rental to others?  Yes  No

**9. Description of Operations**

Category	Payroll	Receipts
Landscaping	\$	\$
Law servicing (mowing, fertilizing, etc.)	\$	\$
Snowplowing Residential	\$	\$
Commercial – Retail	\$	\$
Commercial – Other	\$	\$
Streets & Roads	\$	\$
Tree work	\$	\$
Fumigation, crop dusting or aerial spraying	\$	\$
Highway or utility right-of-way maintenance	\$	\$
Sales of commercial fruit trees and/or seeds	\$	\$
Other – Please describe	\$	\$
<b>TOTAL PAYROLL (excluding snowplowing):</b>	<b>\$</b>	<b>\$</b>

**10. Employee Data**

<b>Category</b>	<b>Number</b>
Owner(s) only	
<b>Other than clerical:</b>	
Full-time	
Part-time	
Leased	
<b>TOTAL:</b>	

11. During the past three years, has any company ever cancelled, declined or refused to issue similar insurance to the applicant?  Yes  No

If yes, please explain (*Not applicable in Missouri*): \_\_\_\_\_

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Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date