

# Landscaping - Industry Supplemental Questionnaire

## Applicant Information:

Proposed Effective Date:     /     /	Legal Name:	Application ID:
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Application completed by: Broker:  Employer:

Please provide (first, last) name: \_\_\_\_\_ Date: \_\_\_\_\_

Please describe the type of landscaping services performed: <i>(i.e. Sprinkler installation, Erosion Control Excavation or trenching work, etc.)</i> <div style="border: 1px solid black; height: 80px; margin-top: 5px;">[Text Here]</div>	Percentage of operations: Residential ___% Commercial ___% =100% Percentage of operations: Mow/Blow ___% Landscape Design ___% =100% Do the operations include snow removal: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, do the operations include snow removal from rooftops? Yes <input type="checkbox"/> No <input type="checkbox"/> Do the operations include Tree Trimming: No <input type="checkbox"/> Yes ___% of operations Does the insured perform hardscape work? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: <div style="border: 1px solid black; height: 40px; margin-top: 5px;">[Text Here]</div>
Please list any equipment used (including tree trimming equipment): _____ _____ _____	Does the insured hire day laborers? Yes <input type="checkbox"/> No <input type="checkbox"/> Any Highway, Curbside, or Road Median work performed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes; what is the percentage of the total operations? ___%

## General Classification Evaluation:

- 1) Maximum Height exposure (including tree trimming, if applicable): \_\_\_\_\_Ft.  N/A  
If applicable - Method of reaching height exposures: *(Check all that apply)*  
 Ladder  Scaffolding  Scissor Lifts  Other:  \_\_\_\_\_  
 If scaffolding is used, does the insured build their own? No  Yes - \_\_\_% of annual operations compared to total operations.
- 2) Maximum Weight lifted: \_\_\_\_\_ lbs.  N/A  
If applicable: Manual Lifting  Employee(s) lifts with assistance:  Please explain: \_\_\_\_\_  
 Please list the typical types of items lifted: \_\_\_\_\_
- 3) Vehicle exposure: Yes  No   
If Yes -  
 Percentage of total operations: \_\_\_% Total # of Vehicles \_\_\_\_\_  
 Number of employee drivers: \_\_\_\_\_ Do employees take the vehicle home overnight? Yes  No   
 Driving Radius in miles: \_\_\_\_\_mi. GPS tracking system installed? Yes  No   
 MVR's Checked: Yes  No  Company Owned: Yes  No   
 PUC Filing: N/A  Yes: \_\_\_\_\_ MCP Filing: N/A  Yes: \_\_\_\_\_
- 4) Any Out of State, International, or Overnight Travel: Yes  No   
If Yes - Please provide:  
 Number of employee's traveling: \_\_\_\_\_ Location(s): \_\_\_\_\_  
 Method of transportation: \_\_\_\_\_ Frequency of travel: \_\_\_\_\_
- 5) CPR Training provided: Yes  No  If Yes - Number of Employees certified: \_\_\_\_\_

## Claims Handling:

- 1) Is there a set procedure for reporting claims? Yes  No
- 2) Is there a formal written accident investigation report? Yes  No
- 3) Do you currently participate in an MPN program to control claim costs? Yes  No

**Personnel Practices:**

- 1) New-hire orientation program: Yes  No  Is the orientation documented? Yes  No
- 2) Owner is active in daily operations: Yes  No
- 3) Employee Handbook: Yes  No
- 4) Post-accident drug testing: Yes  No
- 5) Job specific training: Yes  No
- 6) Performance Appraisals: Yes  No
- 7) Wellness program in place: Yes  No
- 8) Are any of the following benefits provided?  
 Medical: No  Yes: Employer contribution: \_\_\_\_% Percentage of employees enrolled: \_\_\_\_%  
 Retirement: No  Yes: Employer contribution: \_\_\_\_% Percentage of employees enrolled: \_\_\_\_%
- 9) Any other information in regard to employee benefits? If so, please provide those details:  
 \_\_\_\_\_

**Employer-Employee Relationship:**

- 1) Employee Turnover Rate (Annually): \_\_\_\_% Average Tenure of Employees (in # of years): \_\_\_\_\_
- 2) Number of employees hired:  
 Full Time (annual): \_\_\_\_ Payroll Estimate: \$ \_\_\_\_\_  
 Part Time/Seasonal: \_\_\_\_ Payroll Estimate: \$ \_\_\_\_\_  
  
 No. of seasonal Employees: \_\_\_\_\_  
 Seasonal Employee Period (From Month: \_\_\_\_\_ to Month: \_\_\_\_\_)

**Safety Program/Practices which are implemented and enforced:**

- 1) Fall Protection Plan: Yes  No  N/A
- 2) Heat and illness prevention program: Yes  No  N/A
- 3) Respiratory program: Yes  No  N/A
- 4) Driver safety training plan: Yes  No  N/A
- 5) Forklift training & safety plan: Yes  No  N/A
- If Yes – Annual Certification required:** Yes  No  N/A
- 6) MSDS available for all chemicals/products used: Yes  No  N/A
- 7) Written Lockout/Tag out/Block out Procedures: Yes  No  N/A
- 8) Hazardous chemicals safety plan: Yes  No  N/A
- 9) Confined spaces plan: Yes  No  N/A
- 10) Active safety incentive program for all employees: Yes  No  N/A
- 11) Are supervisors held accountable for a safe work environment? Yes  No  N/A
- 12) Extreme temperature program meets Cal OSHA Requirements: Yes  No  N/A
- 13) Is there a dedicated full time safety manager? Yes  No  N/A

**If Yes – Please provide:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

- 14) Safety meetings are conducted:  Daily  Weekly  Monthly  Quarterly  Does not conduct Safety Meetings  
 Are safety meetings documented? Yes  No
- 15) Personal Protective equipment provide to all employees: No  Yes, please list types: \_\_\_\_\_
- 16) Employee to Supervisor ratio: \_\_\_\_ / \_\_\_\_
- 17) What loss prevention recommendations has the insured implemented?  Loss control service has not been performed.

Year implemented: \_\_\_\_\_  
 [Text here]

**Machinery and Equipment:**

- 1) Please list the types of machinery/equipment used: \_\_\_\_\_ N/A
- 2) Are all equipment operators certified? Yes  No
- 3) Is all machinery/equipment properly guarded: Yes  No
- 4) Age of equipment in years:  0-5  5-10  10-20  20+
- 5) Condition of the equipment:  Excellent  Good  Average  Poor
- 6) Who is responsible for maintaining machinery?  Insured  Contractor  Other: \_\_\_\_\_

**Is there any other information about your company, operations, or practices you have implemented which could have an impact on mitigating injuries?**

[Text here]