

# BROWNYARD GROUP

<input type="checkbox"/> New Business
<input type="checkbox"/> RENEWAL

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**NOTE: All Questions Must Be Answered**



## LIABILITY APPLICATION FOR THE LANDSCAPE CONTRACTOR PROGRAM

1. NAME: \_\_\_\_\_  
 (COMPLETE NAME AS IT SHOULD APPEAR ON THE POLICY, INCLUDING INC., CORP., LTD., ETC.) **If applicable, include DBA or Trade Name**

**Do you conduct Business under any other Name(s)?**  Yes  No **If yes, list Name(s) on a separate paper.**

2. Physical Address: \_\_\_\_\_  
 NO. STREET CITY COUNTY STATE ZIP

Mailing Address: \_\_\_\_\_  
 NO. STREET CITY COUNTY STATE ZIP

**Do you have any other Location(s)?**  Yes  No **If yes, list Location Address(es) on a separate paper.**

3. Business Owner(s): \_\_\_\_\_ % of Ownership: \_\_\_\_\_ %

4. Policy proposed effective date \_\_\_\_\_ to \_\_\_\_\_ (12:01 AM Standard Time at the address above)

5. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

6. How did you hear about us?  Web surfing  Ad in which publication: \_\_\_\_\_  Other: \_\_\_\_\_

7. Check limit of liability desired:  
 \$300,000/\$600,000  \$500,000/\$1,000,000  \$1,000,000/\$2,000,000  EXCESS (needs Brownyard Umbrella application)

8. Business Type:  Individual  Partnership  Corporation  Other: \_\_\_\_\_

9. Number of years in business under the above name: \_\_\_\_\_  
 Additional years of Owner's experience: \_\_\_\_\_ Additional years of Manager's experience: \_\_\_\_\_

If applicable, describe Owner's prior Landscaping experience: \_\_\_\_\_  
 \_\_\_\_\_

If applicable, describe Manager's prior Landscaping experience: \_\_\_\_\_  
 \_\_\_\_\_

10. Has the Applicant/Owner operated under any other name within the last 10 years or does the Applicant/Owner currently own any other Entities and/or operate any other Businesses? .....  Yes  No  
**If yes, please answer A-C.**

A. Provide name and describe operations: \_\_\_\_\_

B. Is the Entity/Business still active? .....  Yes  No

C. If still active, is there separate General Liability Insurance in place for their operations? .....  Yes  No

11. Is a License required to operate in the State(s) where you are working? .....  Yes  No  
**If yes, please provide your License number(s):** \_\_\_\_\_

APPLICANT: I UNDERSTAND THAT THIS APPLICATION FOR INSURANCE AND ANY POLICY ISSUED AS A RESULT OF THE APPROVAL OF THIS APPLICATION WILL ONLY PROVIDE INSURANCE FOR LANDSCAPING OPERATIONS. I FURTHER UNDERSTAND THAT NO COVERAGE WILL BE PROVIDED FOR ANY OTHER BUSINESS, OPERATIONS OR SERVICES UNLESS THEY ARE SPECIFICALLY ADDED TO ANY POLICY ISSUED FOR AN ADDITIONAL PREMIUM. I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS TO BE ISSUED. PROVIDING FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS FRAUD, WHICH IS A CRIME IN MANY STATES.

**SALES AND PAYROLLS SECTION**

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

- Provide your total Annual Gross **Sales** for the last 3 years:  
 Expiring Year: \$ \_\_\_\_\_ 1st Prior Year: \$ \_\_\_\_\_ 2nd Prior Year: \$ \_\_\_\_\_
- Provide your total Annual Gross **Payroll** for the last 3 years:  
 Expiring Year: \$ \_\_\_\_\_ 1st Prior Year: \$ \_\_\_\_\_ 2nd Prior Year: \$ \_\_\_\_\_
- Provide your total estimated annual Gross **Sales and Payroll** for the current year for all applicable operations listed below:

Operation	Class Code	Estimated Annual Gross Sales	Estimated Annual Gross Payroll
Carpentry	91342	\$	\$
Concrete Construction	91560	\$	\$
Contractors – Executive Supervisors/Superintendents	95180	\$	\$
Driveway, Parking Area or Sidewalk – Paving or Repair	92215	\$	\$
Electrical Apparatus – Installation, Servicing or Repair	92451	\$	\$
Fence Erection Contractors	94276	\$	\$
Grading of Land	95410	\$	\$
Landscape Gardening	97047	\$	\$
Lawn Care Services	97050	\$	\$
Masonry	97447	\$	\$
Painting Exterior – Buildings or Structures – Three Stories or Less in Height	98304	\$	\$
Painting Interior – Buildings or Structures	98305	\$	\$
Pest Control Services	43470	\$	\$
Plumbing – Commercial or Industrial	98482	\$	\$
Plumbing – Residential or Domestic	98483	\$	\$
Snow and Ice Removal Contractor	99310	\$	\$
Tree Pruning, Dusting or Spraying, Repairing, Trimming or Fumigating	99777	\$	\$
Window Cleaning	99975	\$	\$
Other - please describe:		\$	\$

**OPERATIONS SECTION**

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

- Describe the Owner’s duties or involvement in the daily operations: \_\_\_\_\_
- Describe the Manager’s duties or involvement in the daily operations: \_\_\_\_\_
- Provide a percentage breakdown of your operations based on your total Annual Gross Sales (**must equal 100%**):  
 Residential: \_\_\_\_\_% Commercial: \_\_\_\_\_% = **100%**
- Do your operations include any work at New Residential Construction sites? .....  Yes  No

**If yes, these operations are completed for:**

- Individual Homeowners (Single Family Homes).....  Yes  No Apartment Buildings .....  Yes  No  
 Condominiums/Town Houses/Row Houses.....  Yes  No Tract Home Developments.....  Yes  No

- What percentage of your total operations involve the following:  
 BBQ Pit Installation/Construction: \_\_\_\_\_ % Plumbing: (i.e. other than Drainage Systems, Lawn Sprinklers, Ponds or Pools/Spas) \_\_\_\_\_ %  
 Carpentry: (i.e. other than Decks, Gazebos or Fences) \_\_\_\_\_ % Pool/Spa Construction: \_\_\_\_\_ %  
 Drainage System Installation: \_\_\_\_\_ % Roofing: \_\_\_\_\_ %  
 Golf Course Maintenance: \_\_\_\_\_ % Spray Painting \_\_\_\_\_ %  
 Lawn Sprinkler Installation: \_\_\_\_\_ % Waterproofing: (i.e. other than Moisture Barrier work) \_\_\_\_\_ %  
 Playground/Recreational Equipment Installation: \_\_\_\_\_ %
- Do your operations include Construction/Installation of Decks and/or Gazebos? .....  Yes  No

**If yes, please complete A-B.**

- A. What is the maximum area of any surface area? \_\_\_\_\_ Square Feet  
 B. Is any structure ever more than 3 feet off the ground? .....  Yes  No
- Do your operations include Electrical operations? .....  Yes  No  
**If yes, is this work limited to the installation of low voltage landscape lighting and/or lawn sprinkler controls?.....  Yes  No**
  - Do your operations include Excavation or Grading of Land? .....  Yes  No

**If yes, please complete A-B.**

- A. What is the maximum depth for Excavation or Grading? \_\_\_\_\_ Feet  
 B. What is the maximum diameter for Tunneling? \_\_\_\_\_ Feet
- Do your operations include Fence Construction/Installation? .....  Yes  No

**If yes, please complete A-B.**

- A. What percentage of your total operations involves Fence Construction/Installation? \_\_\_\_\_ %  
 B. Do you construct/install any of the following:  
 Pool Enclosures.....  Yes  No Electrical Fences.....  Yes  No Highway Guardrails.....  Yes  No

10. Do your operations include Pest Control? .....  Yes  No  
**If yes, please complete A-B.**  
 A. Are chemicals used in accordance with each Manufacturer's instructions (i.e. as listed on the label)?.....  Yes  No  
 B. Do your Pest Control Operations include any of the following:  
 Aerial Spraying.....  Yes  No  
 Agricultural Crop Spraying .....  Yes  No  
 Fumigation (i.e. of buildings or other structures).....  Yes  No
11. Do your operations include Pond Construction? .....  Yes  No  
**If yes, please complete A-B.**  
 A. What is the maximum depth of these ponds? \_\_\_\_\_ Feet  
 B. Do you construct ponds that are used for Koi fish?.....  Yes  No
12. Do your operations include Retaining Wall Construction? .....  Yes  No  
**If yes, please complete A-B.**  
 A. What is the maximum wall height? \_\_\_\_\_ Feet  
 B. What is the maximum wall length? \_\_\_\_\_ Feet
13. Do your operations include Stairway or Elevated Walkway Construction?.....  Yes  No  
**If yes, what is the maximum height differential? \_\_\_\_\_ Feet**
14. Do your operations include Tree Pruning, Dusting or Spraying, Repairing, Trimming or Fumigating?  
**If yes, please complete A-B.**  
 A. Do these operations include Utility Line Clearance work?.....  Yes  No  
 B. Do you specialize in Street/Road Tree work for Municipalities? .....  Yes  No
15. Do your operations include Window Cleaning? .....  Yes  No  
**If yes, is any work done over 3 stories? .....  Yes  No**
16. Do your operations include any Designing – **other than for your own work?**.....  Yes  No
17. Do you Use, Install, Remove, Remediate and/or Sell EIFS? .....  Yes  No
18. Do you Lease or Rent Equipment to others? .....  Yes  No
19. Do your operations include any Foundation work (i.e. masonry work for dwellings or buildings)? .....  Yes  No
20. Do you Subcontract work to others? .....  Yes  No  
**If yes, please complete A-F.**  
 A. What percentage of your total operations is subcontracted to others? \_\_\_\_\_ %  
 B. What are your annual subcontracted costs? \$ \_\_\_\_\_  
 C. What type of work is subcontracted to others? \_\_\_\_\_  
 D. Do you obtain Certificates of Insurance evidencing General Liability Limits of at least \$500,000/\$1,000,000?.....  Yes  No  
 E. Do you require each Subcontractor to add you onto their General Liability Policy as an Additional Insured?...  Yes  No  
 F. Do you retain all Certificates of Insurance for at least 5 years? .....  Yes  No

**RISK MANAGEMENT SECTION**

*PLEASE COMPLETE EVERY ITEM OR INDICATE N/A*

1. Total Number of Laborers: \_\_\_\_\_ Total Number of Supervisors/Foremen: \_\_\_\_\_
2. Do you conduct regular Safety Meetings?.....  Yes  No
3. Are Service Contracts signed between you and your Customers? .....  Yes  No
4. How long do you retain Written Instructions and Service Contracts? \_\_\_\_\_ Years
5. Please list any State and/or National Trade Association(s) you belong to: \_\_\_\_\_

**PRIOR GENERAL LIABILITY INSURANCE SECTION**

*PLEASE COMPLETE EVERY ITEM OR INDICATE N/A*

1. Please provide details for the last three (3) years:

Year	Company	Limits	Premium	Deductible
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

2. Within the last 3 years, has your insurance been Declined, Cancelled or Non-renewed?.....  Yes  No  
**If yes, please explain why:** \_\_\_\_\_

**GENERAL LIABILITY CLAIM HISTORY SECTION**

*PLEASE COMPLETE EVERY ITEM OR INDICATE N/A*

Please provide details for the last three (3) years (if none, please state "none"):

Date of Loss	Description of Loss	Open/Closed?	Total Incurred
			\$
			\$
			\$

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO APPLICANTS:** 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 is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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 in the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**NOTICE TO OREGON APPLICANTS:** Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the 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.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTE: THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR CEO OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**APPLICATION MUST BE SUBMITTED BY BROKER**

\_\_\_\_\_  
BROKER'S COMPANY

\_\_\_\_\_  
BROKER NAME

\_\_\_\_\_  
WEBSITE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
FAX

\_\_\_\_\_  
EMAIL