GroundCover From Brownyard

BROWNYARD GROUP | Insurance when you know BETTER®

PROGRAM APPLICATION - REQUIREMENTS FOR SUBMISSION

- Pages 1-4 MUST be completed
- Current Loss Information – 5 Years
- Excess – Brownyard Application & Auto Loss Runs
- **Note: All Questions Must Be Answered**
- **Brownyard Application Must Be Signed and Submitted by Broker**

Business Type: ☐ New Business ☐ Renewal **GL Policy Number – Renewal Only:** _____

Line of Business: ☐ General Liability ☐ Excess **GL Effective Date:** _____

Interested in: ☐ **Auto** (Please attach required forms: ACORD 125, 127, 129 and 137)

☐ **Property** (Attach req. forms: ACORD 125 and 140) ☐ **Inland Marine** (Attach req. forms: ACORD 125, 146, and 148)

1. Insured Company Name: _____
   (Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)
2. DBA(s): _____
   (List any and all names insured's company is Doing Business As [DBA] & please list additional named insureds on separate sheet for whom this proposed policy will provide coverage)
3. ☐ Individual ☐ Assoc ☐ Corp ☐ LLC ☐ LLP ☐ Partnership ☐ C-Corp ☐ S-Corp ☐ Sole Proprietor ☐ Joint Venture ☐ Trust ☐ Non-Profit ☐ Other: _____
4. Mailing Address: _____
   NO. STREET CITY STATE ZIP
5. Physical Address*: _____
   NO. STREET CITY STATE ZIP
   (*Attach a list if multiple locations)
6. County: _____ NAICS/SIC Code: _____
7. Business Phone: _____ Fax: _____
8. Company Email: _____ Website: _____
9. Federal ID Number/FEIN: _____ License Number: _____
10. Principal: _____ Title: _____
    Direct Phone: _____ Mobile: _____
    Email: _____
11. Audit Contact: _____ Title: _____
    Direct Phone: _____ Mobile: _____
    Email: _____
12. A. Has the principal(s) of this firm previously operated a similar firm under a different name? ☐ Yes ☐ No
    B. If yes, please provide the former name: _____
13. Policy proposed effective date: _____ Date established: _____
14. How did you hear about us? ☐ Internet Search ☐ Social Media ☐ Ad in which publication: _____
    ☐ Email ☐ Word of Mouth ☐ Other: _____
15. Check limit of General Liability desired: ☐ $300,000/$600,000 ☐ $500,000/$1,000,000 ☐ $1,000,000/$2,000,000

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MANAGEMENT/OWNERSHIP INFORMATION

16. Business Owner(s): _____ % of Ownership: _____ %
17. Number of years in business under the above name: _____
    A. Additional years of Owner's experience: _____Additional years of Manager's experience: _____
18. 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
19. Is a License required to operate in the State(s) where you are working? ..... ❑ Yes ❑ No
    If yes, please provide your License number(s): _____

RISK MANAGEMENT SECTION

20. Total number of employees: _____ Full Time: _____ Part Time: _____ Laborers: _____
    Supervisors/Foremen: _____ Average Length of Employment: _____
21. Do you conduct regular Safety Meetings?..... ❑ Yes ❑ No
22. Are Service Contracts signed between you and your customers? ..... ❑ Yes ❑ No
23. How long do you retain Written Instructions and Service Contracts? _____ Years
24. Please list any State and/or National Trade Association(s) you belong to: _____

SALES AND PAYROLL SECTION

25. Provide your total Annual Gross **Sales** for the last 3 years:
    Expiring Year: $ _____ 1st Prior Year: $ _____ 2nd Prior Year: $ _____
26. Provide your total Annual Gross **Payroll** for the last 3 years:
    Expiring Year: $ _____ 1st Prior Year: $ _____ 2nd Prior Year: $ _____
27. 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 INFORMATION

28. Describe the Owner's duties or involvement in the daily operations: _____
    _____
29. Describe the Manager's duties or involvement in the daily operations: _____
    _____
30. Provide a percentage breakdown of your operations based on your total Annual Gross Sales **(must equal 100%)**:
    Residential: _____ % Commercial: _____ % = **100%**

31. 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

32. 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)	_____ %		
Drainage System Installation:	_____ %	Pool/Spa Construction:	_____ %
Golf Course Maintenance:	_____ %	Roofing:	_____ %
Lawn Sprinkler Installation:	_____ %	Spray Painting	_____ %
Playground/Recreational Equipment Installation:	_____ %	Waterproofing: (i.e., other than Moisture Barrier work)	_____ %

33. 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

FOR QUESTIONS 34-40, IF YES, PLEASE COMPLETE APPLICABLE SUBSECTIONS

34. Do your operations include Pest Control? ..... ❑ Yes ❑ No

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

C. Do you currently use Glyphosate? ☐ Yes ☐ No

Have you ever used Glyphosate? ☐ Yes ☐ No If Yes, when was use discontinued: _____

35. Do your operations include Tree Pruning, Dusting or Spraying, Repairing, Trimming or Fumigating?

A. Do these operations include Utility Line Clearance work? ..... ❑ Yes ❑ No

B. Do you specialize in Street/Road Tree work for Municipalities? ..... ❑ Yes ❑ No

36. Do your operations include Construction/Installation of Decks and/or Gazebos? ..... ❑ Yes ❑ No

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

37. Do your operations include Excavation or Grading of Land? ..... ❑ Yes ❑ No

A. What is the maximum depth for Excavation or Grading? _____ Feet

B. What is the maximum diameter for Tunneling? _____ Feet

38. Do your operations include Fence Construction/Installation? ..... ❑ Yes ❑ No

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

39. Do your operations include Pond Construction? ..... ❑ Yes ❑ No

A. What is the maximum depth of these ponds? _____ Feet

B. Do you construct ponds that are used for Koi fish? ..... ❑ Yes ❑ No

40. Do your operations include Retaining Wall Construction? ..... ❑ Yes ❑ No

A. What is the maximum wall height? _____ Feet

B. What is the maximum wall length? _____ Feet

41. Do your operations include Stairway or Elevated Walkway Construction? ..... ❑ Yes ❑ No

If yes, what is the maximum height differential? _____ Feet

42. Do your operations include any Foundation work (i.e., masonry work for dwellings or buildings)? ..... ❑ Yes ❑ No

43. Do your operations include any Designing – **other than for your own work?** ..... ❑ Yes ❑ No

44. Do you Use, Install, Remove, Remediate and/or Sell EIFS? ..... ❑ Yes ❑ No

45. Do you Lease or Rent Equipment to others? ..... ❑ Yes ❑ No

46. 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 & Workers' Comp Insurance? ..... ☐ 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 and make sure insurance is current? .... ☐ Yes ☐ No

47. Do you collect, transmit, provide, acquire, or scan any biometric data from others? (Biometric data can be defined as retina/iris scans, fingerprint, voiceprint, or scan of hand or face geometry) ☐ Yes ☐ No

a. If yes, please advise if you collect, transmit, provide, acquire, or scan it and identify the type of biometric exposure (facial recognition, fingerprints, iris scanning, etc.):

_____

48. Do you have a written biometric policy in pace that complies with the regulations of the states you operate in?

☐ Yes ☐ No If yes, please provide copy.

PRIOR GENERAL LIABILITY INFORMATION (please complete every item or indicate N/A)

49. a. Please provide the following information for the prior 5 years, in addition to currently valued loss runs for the prior 4 years.

Policy #					
Policy Term					
Insurer					
Premium					
Limits of Liability					
Revenue					
Deductible					
Losses					

b. Has any insurer cancelled or non-renewed your insurance over the past 5 years? ❑ Yes ❑ No
If yes, please explain:

_____

COMMERCIAL EXCESS APPLICATION (only if applicable)

1. Expiring Excess policy number (renewal only): _____ Effective Date: _____
2. Check limit of liability desired: ☐ $1,000,000 ☐ $2,000,000 ☐ $3,000,000 ☐ $4,000,000 ☐ $5,000,000 ☐ Other: _____
3. Underlying Insurance *(Please provide us with copies of the underlying declarations pages and 4 years of currently valued loss runs for policies not written through our office)*

Type	Carrier / Policy Number	Effective Date	Expiration Date	Limits		Premium
General Liability				Per Occurrence		
				Aggregate		
Automobile Liability				Combined Single Limit		Total $
				Bodily Injury		Liability Only: $ *Required if scheduling auto*
				Physical Damage		
Employers Liability (Workers' Comp)				Each Accident		
				Disease Policy Limit		
				Disease Each Employee		

Underlying Auto Information (Required if scheduling auto within excess):

1. **Vehicles:**

TYPE		Number Owned	Number Non-Owned	Number Leased
Private Passenger				
Trucks	Light			
	Medium			
	Heavy			
	Ex. Heavy			
Buses				

Total Insurance Value for Auto Fleet

2. **Use:**
   a. How are vehicles used? _____
   b. Do autos go outside the US? ..... ❑ Yes ❑ No
   c. Are any explosives, flammables or other dangerous cargo hauled? ..... ❑ Yes ❑ No
   d. Are passengers carried for a fee? ..... ❑ Yes ❑ No
3. **Drivers:**
   a. Are employees allowed to use their personal vehicles for business use? ..... ❑ Yes ❑ No
   b. If yes, does the insured confirm that minimum limits of personal auto insurance is carried? ❑ Yes ❑ No
   c. Are employees allowed to use company vehicles for personal use? ..... ❑ Yes ❑ No
   d. Can family members drive company vehicles? ..... ❑ Yes ❑ No
   e. Does the underlying insurance include Hired/Non-Owned Auto? ..... ❑ Yes ❑ No
   f. Are MVR's checked for all drivers? ..... ❑ Yes ❑ No
   g. Are MVR's regularly checked during their employment? ..... ❑ Yes ❑ No If so, how often? _____
   h. If MVR is poor, what corrective action is taken: _____
   i. Provide a brief explanation of the driver selection process *(e.g. age, MVR review, proof of valid driver's license, drivers test, etc.)*

_____

_____

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.

Applicable in AL, AR, 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 (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. *Applies in MD Only.

Applicable in CA: For your protection, California law requires the following to appear on this form. 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 DC: 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.

Applicable in FL and OK: 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 of 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 commits a fraudulent insurance act.

Applicable in KY, OH and PA: 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.

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 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 OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in NY: Applicable to all claim forms for insurance and all applications for commercial insurance and accident and health insurance: 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.

Applicable in NY: Applicable to all applications and claim forms for automobile insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.

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. This request is for a cost-free, premium quotation only. In signing, I understand I am not obligated to purchase this insurance. This application shall not be binding unless and until confirmation by the company or its duly appointed representatives has been given, and that a policy shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition, statement and explanation of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the applicant, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

APPLICANT'S SIGNATURE	TITLE	DATE

BROKER COMPANY	BROKER NAME	WEBSITE	
ADDRESS	CITY	STATE	ZIP
TELEPHONE	FAX	EMAIL	

BROKERS: To submit complete application, please email PDF to info@brownyard.com.
INSUREDS: Please save and share with your insurance agent/broker.