

Landscapers Questionnaire

General Information

Insured's Name: _____ Website: _____

Mailing Address: _____ Postal Code: _____

Risk Address: _____ Postal Code: _____

Years Experience: _____ Years at this Location: _____

Comments: _____

Current Insurer: _____ Expiring Premium: \$ _____ Any previous cancellations or declines? No Yes
If yes, explain: _____

Claims History: (Five Year) _____

What action/ corrective measures have been taken to avoid further losses? _____

Underwriting Questions

Do you do any snow removal Yes No Any chemical spraying Yes No Any tree removal over 25 ft. Yes No Any brush clearing Yes No

Any burning operations Yes No Any retaining wall work done Yes No If "Yes" describe _____

Any installation of irrigation equipment Yes No