



**LANDSCAPING SUPPLEMENTAL WORKERS'  
COMPENSATION APPLICATION**

Application/Policy #: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 Insured Name: \_\_\_\_\_ Federal ID #: \_\_\_\_\_  
 Website \_\_\_\_\_ Email: \_\_\_\_\_  
 Agency Name: \_\_\_\_\_ Contact: \_\_\_\_\_

**Payroll Data:** Provide historical payroll data by class (for current and prior 4 years) or submit final audit invoices if available. Applicable only to policy years not insured by Republic Indemnity.

	Class		Class		Class		Class		Class
Current Year									
1st Year Prior									
2nd Year Prior									
3rd Year Prior									
4th Year Prior									

**Loss Experience**

If the insured has not been insured by Republic Indemnity for the latest 3-year term, please attach **currently valued loss runs** for any of those three years insured elsewhere and the **most current experience modification worksheet** if available.

**Operational Information- Landscaping**

1. Select the types of work performed and indicate % of operations for each one:
- |   |   |
|---|---|
| <input type="checkbox"/> General maintenance*                   | <input type="checkbox"/> Mature tree removal  |
| <input type="checkbox"/> Artificial turf installation           | <input type="checkbox"/> Paver installation   |
| <input type="checkbox"/> Boulder installation/removal (>50 lbs) | <input type="checkbox"/> Swimming pool maintenance                                      |
| <input type="checkbox"/> Bulk material installation             | <input type="checkbox"/> Road/highway/median work                                       |
| <input type="checkbox"/> Concrete/masonry work                  | <input type="checkbox"/> Snow removal   |
| <input type="checkbox"/> Debris removal/land clearing           | <input type="checkbox"/> Tree planting- over 15 gallons                                 |
| <input type="checkbox"/> Deck construction/repair               | <input type="checkbox"/> Tree trimming- <u>from ground level only</u> using pole pruner |
| <input type="checkbox"/> Excavation, grading                    | <input type="checkbox"/> Tree trimming- using ladder, lift or climbing the tree         |
| <input type="checkbox"/> Fence installation/removal             | <input type="checkbox"/> Water feature construction/installation                        |
| <input type="checkbox"/> Irrigation maintenance/repair          |   |
| <input type="checkbox"/> Lighting installation/repair           |   |
| <input type="checkbox"/> Other- provide details _____           |   |

\*General maintenance includes mowing, edging & fertilizing lawns, planting & pruning shrubs, flowers & plants, weeding, sweeping/blowing.

2. Select the categories of clients and indicate the % of operations for each one.:
- |   |   |
|---|---|
| <input type="checkbox"/> Apartment buildings          | <input type="checkbox"/> Homeowners' associations     |
| <input type="checkbox"/> Business/Office parks        | <input type="checkbox"/> Individual homeowners        |
| <input type="checkbox"/> Educational facilities       | <input type="checkbox"/> Industrial parks             |
| <input type="checkbox"/> Government                   | <input type="checkbox"/> Nursing homes                |
| <input type="checkbox"/> Hospitals /medical offices   | <input type="checkbox"/> Restaurants                  |
| <input type="checkbox"/> Hotels/motels                | <input type="checkbox"/> Shopping centers/Strip malls |
| <input type="checkbox"/> Other- Provide details _____ |   |
3. Indicate percentage of work conducted in each of the following categories: (should total 100% for each line)
- |                |                          |                  |                            |
|----------------|--------------------------|------------------|----------------------------|
|                |                          | <u>Total</u>     |                            |
| a. Residential | <input type="checkbox"/> | Commercial       | <input type="checkbox"/> % |
| b. Maintenance | <input type="checkbox"/> | New Installation | <input type="checkbox"/> % |
4. Is there any use of ladders, bucket lifts or similar, chippers, mulchers, Bobcats/small backhoes, dump trucks or heavy earth-moving equipment? Yes    No  
If yes, please explain \_\_\_\_\_
5. Maximum height at which employees will work \_\_\_\_\_  
Describe the work \_\_\_\_\_  
Percent of total work \_\_\_\_\_
6. If any work is done below grade, what is the maximum depth in feet? \_\_\_\_\_  
Describe the work \_\_\_\_\_  
Percent of total work \_\_\_\_\_
7. Any use of pesticides/herbicides? Yes    No  
If yes, is the application completed by  Employees?  Outside Vendor?  
If done by employees, are they licensed or supervised by a licensed applicator? Yes    No
8. Personal protective equipment (PPE) used \_\_\_\_\_
9. Describe any work that is subbed out \_\_\_\_\_  
Is a certificate of insurance or copy of workers comp policy obtained from all subcontractors? Yes    No    N/A  
If no, explain \_\_\_\_\_
10. Typical number of jobsites per day  Typical number of working crews per day
11. Are employees supervised at jobsites? Yes    No  
If yes, do supervisors remain on site for the duration of the job, or check in briefly with staff then leave? \_\_\_\_\_
12. Are day laborers used? Yes    No

- If yes, provide details: \_\_\_\_\_
13. Is there an OSHA compliant Heat Illness prevention plan in place? Yes No
14. Do more than 4 employees travel together in the same vehicle? Yes No  
If yes, how frequently does that occur \_\_\_\_\_  
How many vehicles will have this headcount on a typical day? \_\_\_\_\_
15. Is the applicant involved in "Wrap up" or "OCIP" projects? Yes No  
If yes, provide details on the projects and advise percentage of total work \_\_\_\_\_
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**General Information**

1. Detailed description of operations, include end product if applicable, processes used and employees' duties: \_\_\_\_\_
2. Is cannabis in any form involved in any processes, or part of end products, or sold stand-alone? If yes, provide details: \_\_\_\_\_
3. Current number of permanent employees: \_\_\_\_\_ Seasonal Employees: \_\_\_\_\_  
Number of temporary and/or leased employees: \_\_\_\_\_  
Are any relatives employed? Yes No  
Does the insured utilize the services of Temporary Staffing Agencies or Labor Contractors?  
Yes No  
If yes, do they require contract language that specifies that the Agency/Contractor provides Workers' Compensation? Yes No  
Number of W2's filed for latest reporting year: \_\_\_\_\_
4. **How many independent contractors are used?** \_\_\_\_\_  
**How many 1099 forms are issued to individuals?** \_\_\_\_\_  
**How many 1099 forms are issued to companies/organizations?** \_\_\_\_\_  
**If there are independent contractors, what kind of work do they perform?** \_\_\_\_\_  
**Are independent contractors covered under a statutory Workers' Compensation Insurance policy and do they provide Certificates of Insurance? Yes No**
5. Number of employees: Increasing \_\_\_\_\_ Decreasing \_\_\_\_\_ Stable \_\_\_\_\_
6. Number of part time employees \_\_\_\_\_ Number of full time employees \_\_\_\_\_
7. Mean wage: For mainstream employees in production operations or services offered \$ \_\_\_\_\_/hr.  
For administrative staff (e.g. clerical, sales) \$ \_\_\_\_\_/hr.
8. Union Non-Union % of employees participating \_\_\_\_\_
9. Number of employees working from home: \_\_\_\_\_  
Average number of days per week working from home: \_\_\_\_\_
10. Group Medical: Yes No Name of Group Medical Provider: \_\_\_\_\_  
% of employees participating: \_\_\_\_\_ % of employer contribution: \_\_\_\_\_

- Paid Vacation: Yes    No    Paid Sick Leave: Yes    No    401K or Pension: Yes    No
11. Safety Program: Yes    No  
 Safety meetings held for all employees: Yes    No  
 Personal protective safety equipment provided: Yes    No  
 Accident investigation program in place: Yes    No
12. Pre-employment physical: Yes    No
13. Drug Screening Program/Random Drug Testing: Yes    No
14. Does insured offer modified work? Yes    No

If yes, provide details: \_\_\_\_\_

15. Hiring Practices  
 Application: Yes    No  
 Check References: Yes    No

16. Loss Control Incentive Program: Yes    No
17. Percent of Off-Premise Operations: \_\_\_\_\_ % (not applicable to contracting risks)

18. Vehicle Exposure: Yes    No    Radius of Operations: \_\_\_\_\_ miles  
 Number of Commercial Vehicles: \_\_\_\_\_    Number of Private Passenger  
 Vehicles: \_\_\_\_\_

Details of use, include specifics as to delivery exposures: \_\_\_\_\_

Number of employees driving on a regular basis?\* \_\_\_\_\_

\*We define regular as over 10% or more of the employees' time.

Frequency of all off-premises activity: Daily    Less than Daily

What are the average and maximum number of covered employees that travel together in the same vehicle? \_\_\_\_\_

How often does the maximum number of covered employees travel together in the same vehicle? \_\_\_\_\_

MVR's checked: Yes    No

If yes, please provide details as to the procedures in place: \_\_\_\_\_

Is there a disciplinary/termination rule in place based on driving record? Yes    No

If yes, describe how this is implemented: \_\_\_\_\_

19. there any out-of-state travel? Yes    No    If yes, who travels? \_\_\_\_\_  
 Where do they travel? \_\_\_\_\_    How long do they travel for? \_\_\_\_\_

20. Does applicant own, operate or lease aircraft? Yes    No    If yes, provide details: \_\_\_\_\_

21. What is the maximum manual weight lifted? \_\_\_\_\_    What material handling aids are used? \_\_\_\_\_

22. Hours of operation: \_\_\_\_\_

23. Are any of the insured's operations located within a Federal or State government owned building that is over 35% occupied by governmental offices or National Landmarks? Yes    No

If yes, provide details: \_\_\_\_\_

**Locations(s) – Please complete for all locations of business operations:**

Number of Employees assigned to the location (including those who work off premises)		# of Shifts	Maximum number of employees on the premises at one time	# of Stories and Floor # occupied by this business		Building Construction Type *(see below)
Full-time	Part-time			# Stories	Floor #	

Location (1)							
Street							
City, State, Zip							

Location (2)							
Street							
City, State, Zip							

Location (3)							
Street							
City, State, Zip							

**If there are more than 3 locations, please continue on a separate sheet.**

\*Types of Building Construction that closely matches the description of the building that the insured occupies.



Wood Frame, including masonry veneer  
Unreinforced masonry  
Reinforced masonry  
Mobile home

Tilt-up concrete  
Reinforced concrete  
Light gauge steel frame  
Protected structural steel frame

**Policy Specifications**

Non-Participating Plan                      Participating  
Program:        Yes        No        If yes, Program Name: \_\_\_\_\_  
Commission: \_\_\_\_\_%        Direct Bill        Agency Bill

Producer Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_