

Chris-Leef General Agency, Inc.  
P.O. Box 3747 Shawnee Mission, KS. 66203  
(913) 631-1232 (913) 631-1128 fax  
(800) 548-0491 (800) 383-1235 fax  
contract@chris-leef.com

### Landscaping General Liability Application

Applicant's Name _____
Mailing Address _____ _____
_____
_____

Agent Name _____
Address _____ _____

PROPOSED EFFECTIVE DATE:  
From \_\_\_\_\_ TO \_\_\_\_\_  
12:01 A.M., Standard Time at the address of the Applicant

Applicant is:     Individual             Corporation             Partnership             Joint Venture  
                       Limited Liability Company             Other (Specify) \_\_\_\_\_

**LIMITS OF LIABILITY REQUESTED**

General Aggregate		\$
Products and Completed Operations Aggregate		\$
Personal and Advertising Injury		\$
Each Occurrence		\$
Fire Damage (any one fire)		\$
Medical Expense (any one person)		\$
Property Damage Extension (CCC)	Occurrence	\$
	Aggregate	\$
Other		
Other		
Deductible (\$500 minimum)		\$

**LOCATION OF OPERATIONS**

Street Address and City	State
1. <input type="checkbox"/> Same as mailing address	
2.	
3.	

1. How long has applicant been in business? \_\_\_\_\_ years     Full-time     Part-time
2. Does applicant use pesticides or herbicides?     Yes     No  
If yes, are they EPA approved?     Yes     No    How are employees trained in handling: \_\_\_\_\_  
\_\_\_\_\_
3. Does applicant subcontract work?     Yes     No  
If yes: Annual subcontract cost: \$ \_\_\_\_\_  
Type of work subcontracted: \_\_\_\_\_  
Are Certificates of Insurance obtained?     Yes     No

Operation	Payroll	Receipts
Landscaping	\$	<i>Not Applicable</i>
Lawn servicing (mowing, fertilizing, etc.)	\$	<i>Not Applicable</i>
Snowplowing	Residential	\$
	Commercial-Retail	\$
	Commercial-Other	\$
	Streets and roads	\$
Tree work	\$	<i>Not Applicable</i>
Fumigation, crop dusting or aerial spraying	\$	<i>Not Applicable</i>
Highway or utility right-of-way maintenance	\$	<i>Not Applicable</i>
Sales of commercial fruit trees and/or seeds	<i>Not Applicable</i>	\$
Other-Please describe	\$	\$
Total Payroll (excluding snowplowing)	\$	<i>Not Applicable</i>

**EMPLOYEE DATA**

Category	Number
Owner(s) only	
Other than clerical:	
Full-time	
Part-time	
Leased	
Total	

During the past three years has any company ever canceled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri)

Yes    No   If yes, please explain:

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**PRIOR INSURANCE HISTORY**    See loss run attached

Year	Company	Policy No.	Premium	Paid Losses	Reserved Losses	Loss Description

**ADDITIONAL INSURED INFORMATION**

Name	Address

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**APPLICABLE IN THE STATE OF NEW YORK:**

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.

**FRAUD WARNING:**

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 subjects such person to criminal and civil penalties.

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

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION OR AUDIT:

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IMPORTANT NOTICE

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

PLEASE ANSWER ALL QUESTIONS. IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."