

LANDSCAPING - LAWNSERVICE SURVEY

DATE : _____
SIC CODE: _____
INSURED NAME: _____
ADDRESS: _____
CONTACT: _____ TITLE: _____
PHONE: _____

GENERAL PROPERTY QUESTIONS

1. Describe the location of the insured including those structures/properties, which are next to, or in the general vicinity of the insured.- _____

2. Indicate how many years this insured has been under current ownership and the owner's background/knowledge of the landscaping business.- _____

3. Are the building(s) owned or leased? Yes No

4. What is the building(s) value? _____

5. What is the value of personal property (contents)? _____

6. What is the value of stock (re-sale) inventory? _____

7. Is your inside property and equipment owned or leased? Specify by attaching equipment schedule to questionnaire. Yes No

8. What is the construction type of the building(s)? _____

9. What year was the building(s) built? _____

10. What is the square footage of the building(s)? _____

11.. How many stories? _____

12. Is there a sprinkler system? Yes No

13. Date of last flow test? _____

14. Are fire extinguishers readily available and properly maintained? Yes No

15. What is the insured's no smoking/smoking policy? _____

16. Are smoke detectors visible and operational? Yes No

17, What type of heating source is being used (ie. gas, electric)?, _____

18 Are gas panels clearly marked or etched for visibility? Yes No

19. Current damage? _____

20. When was the last time your roof was inspected or repaired? _____

21. Does a parking lot exist? Yes No

22. If yes, does the insured own it? Yes No

SPECIFIC PROPERTY QUESTIONS

23. Where are fire hydrants located? _____

24. Where are storage areas located? _____

25. Are they cool and well ventilated? Yes No

26. Describe outside property exposures (fences, fountains, storage sheds, etc.), _____

27. What unique fixtures, furniture or other property exists that may require special consideration

28. Are premises sprinkler systems equipped with heating coils or similar heating devices? Yes No

29. Where and how is gasoline and other flammable liquids stored? _____

30. Where does insured store chipped bark? _____

31. Do vehicles back into bark piles? Yes No

32. Describe precautions taken to prevent ignition- _____

33. Does insured operate a nursery? Yes No

34. Does insured provide lawn care? Yes No

35. Is shop kept free of clutter and well maintained? Yes No

36. Describe any fire wall locations, _____

**GENERAL
PROPERTY**

37. Is insured part of a franchise? If yes, obtain franchise agreement copy. Yes No

38. What percent of insured's clients are commercial vs. residential? _____

39. Does insured have a retail operation? Yes No

40. If yes, are salespersons employed? Yes No

What precautions are followed for storage of equipment and materials left on job site?_

41. Are permanent records kept of suppliers, manufacturers and wholesalers agreements? Yes No

42. Are any horticulturists consulted by insured? Yes No

43. Does insured instruct customer on the proper care of plants, trees and other landscaping yields? Yes No

44. When grading or cutting, what precautions are taken to ensure the safety of clients, children and animals in the work area? _____

45. When burning brush or excess timber, is an adequate water source always made available? Yes No

46. Does insured heed wind directions which could blow infectious smoke toward residential areas? Yes No

47. Does insured obtain proper permits from utility or county officials prior to digging? Yes No

48. Are records kept of personal/property injury? Yes No

49. Are sub-contractors used for electrical, plumbing, excavation, etc.? Yes No

50. Are hold harmless agreements made? If yes, obtain copies. Yes No

51. Is design work done by experienced insured or foreman? Yes No

52. What training is provided? _____

53. Does insured perform blasting or explosion operations? Yes No
If yes, describe in detail.- _____

54. What guarantees are made by landscape contractor regarding quality of work and/or materials? _____

55. Does insured gain a sign work order or quote at the time of or before the point of sale or delivery? Yes No

56. What other services does the insured perform throughout the year? _____

57. What information or brochures are given to the customer showing proper care and maintenance of landscaping as well as describing any poisonous plants or shrubs? _____

58. Does insured rent or lease out any of his/her equipment? Yes No

59. Are all tools turned off when not in use? Yes No

ENVIRONMENTAL IMPAIRMENT LIABILITY

60. Are different lawns treated with chemicals designed for that grass type and age? Yes No

61. Are employees instructed to double check all tank valves and hoses for leakage? Yes No

62. What procedures are followed during the application of pesticides, herbicides, fungicides, etc.?.

63.. What quality/environ mental control is in place when blowing on hydroseed'? _____

64. Are chemicals used biodegradable? Yes No

65. What precautions are taken to prevent chemicals from entering into nearby streams, **lakes or water** supplies? _____

66 Where does insured dispose of unusable chemicals and fuels? _____

67. Are all containers thoroughly rinsed after emptying, and before being disposed of? Yes No

INLAND MARINE

68. Is outside sign(s) firmly anchored and away from the normal traffic path? Yes No

69. What is approximate value of sign(s)? _____

70. Where are copies of suppliers' invoices, receipts, customer work orders, and other valuable documents kept?

71. If insured utilizes computer equipment for inventory, accounts receivable, business management, etc., are backup copies of important records kept off premises? Yes No

72. What is value of customers property held on premises at any one time? _____

73. How are tools and equipment safeguarded while in transport? _____

74. While on job site? _____

75. Is all equipment and machinery serialized and recorded? Yes No

76. Does insured borrow or rent temporary equipment? Yes No

BUSINESS INTERRUPTION

77. What is the insureds annual gross revenue? _____

78. Is there a peak season where receipts are exceptionally high? Yes No

79. What is the insureds annual payroll and continuing expenses? _____

80. In the event of a total loss, how long would it take the manufacturers or primary suppliers of stock and equipment to ship and replace any damaged or destroyed goods? _____

81. In the event of office closure due to loss or damage, does the insured have a reciprocal agreement with another insured? Yes No

CRIME

82. What days and hours is the insured's office open? _____

83. Does insured have a security alarm system? Yes No

84. If yes, is it monitored by a local security company? Yes No

85. What measures are taken to prevent premises theft? _____

86. What is the maximum amount of money kept on the contractor's premises at any one time?_ _____

87. Is there a drop-safe located near the cash-register area? Yes No

88. Is video surveillance utilized? Yes No

89. If yes, where? _____

90. Are "bad check" and "stolen credit card" lists kept and updated frequently? Yes No

91. Who besides the insured has check signing authorization? _____

92. Are checks marked "For Deposit Only" upon receipt? Yes No

93. Are supplier deliveries verified by management? Yes No.

94. Are potential employees references checked out before hiring? Yes No

95. Are any employees bonded? Yes No

96. Are parking lots and building entrances well lit? Yes No

97. Do points of entry have physical protection (ie. metal gates and screens, night lighting, alarms, etc.)? Yes No

98. Are regular unplanned inventories/audits conducted? Yes No

BUSINESS AUTO

99. Is vehicle(s) owned or leased by the insured? Specify by attaching vehicle schedule to questionnaire. Yes No

100. Is vehicle(s) used strictly for business? Yes No

101. Is vehicle(s) equipped with an alarm? Yes No

102. What is insureds radius of operation? _____

103. Where are vehicles parked/garaged when not in use? _____

104. MVR's acquired on all drivers? Yes No

105. Are personal auto's typically used for business? Yes No

106. If yes, are they adequately insured? Yes No

107. Does insured keep transported loads covered? Yes No

108. Are oversized transported loads flagged or escorted? Yes No

EMPLOYMENT ISSUES

109. What training is provided to employees on the machinery and equipment that they operate? _____

110. Do employees know where first aid supplies are kept? Yes No

111. Is protective clothing (masks, gloves, eye/ear protection) worn or made available to employees? Yes No

112. Are dollies or carts used for the moving of heavy loads? Yes No

113. Include any safety brochures or pamphlets given to insureds employees.

114. Obtain a copy of an employee manual if available,

115. What precautions are taken during installation of sprinkler systems? _____

116. Are cutting tools sheathed when not in use? Yes No

117. If non-English speaking employees are hired, is there at least one foreman that is bilingual? Yes No

118. Are any electrical cords frayed, flawed or damaged? Yes No

119. Are employees instructed on proper lifting techniques? Yes No

120. Has insured instructed employees to turn off equipment and machinery engines when refueling? Yes No

121. If insured handles explosives, explain experience and training-

The above answers are true and correct to the best of my knowledge.

Name Of Insured

Signature

Print Name

Witness

Date