

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752  
 www.scottsdaleins.com

## Landscaping General Liability Application

Applicant's Name	_____
Mailing Address	_____ _____
Web Site Address	_____

Agency Name	_____
Agent	_____
Address	_____ _____
E-Mail	_____
Phone	_____

**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): \_\_\_\_\_

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

**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		\$

**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: \_\_\_\_\_

What is the percentage of operations? ..... \_\_\_\_\_%

3. Does applicant subcontract work? .....  Yes  No

If yes: Annual subcontract cost: \$ \_\_\_\_\_

Type of work subcontracted: \_\_\_\_\_

Are Certificates of Insurance obtained?.....  Yes  No

Minimum limits required of subcontractors: \$ \_\_\_\_\_

**DESCRIPTION OF OPERATIONS**

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

**EMPLOYEE DATA**

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

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: \_\_\_\_\_

\_\_\_\_\_

**PRIOR INSURANCE AND LOSS HISTORY:** Indicate all claims or losses (regardless of fault) and whether or not insured) or occurrences that may give rise to claims for the prior three years.  See loss run attached

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

**ADDITIONAL INSURED INFORMATION**

Name	Address

4. Does applicant have any other business ventures for which coverage is not requested? .....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_  
 \_\_\_\_\_

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.

**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.

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

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

(Must be signed by an owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

————— IMPORTANT NOTICE —————

As part of our underwriting procedure, 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.