



1687 Merrick Avenue
 Merrick, New York 11566
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Insured: _____

Federal Tax ID # _____ Or Owner's Social Security # _____

Expiring Premium _____ Years in business _____

List all states that you perform work in _____

1. DESCRIPTION OF OPERATIONS:

A. STAFF

Number of Owners / Partners Etc. _____ Payroll for owners in the field \$ _____

Number Full Time Employees _____ Number Part Time Employees _____

Briefly describe the owner(s) day-to-day involvement (i.e. in the field, supervisory only):

What percentage of your work is as a: General Contractor _____% Construction Manager _____% Subcontractor _____%

B. CLIENTELE – Indicate the percentage of work performed by you (MUST TOTAL 100%)

New Construction (PRIOR to certificate of occupancy)	Maintenance/Repair (AFTER certificate of occupancy)
_____ % Commercial	_____ % Commercial
_____ % Residential	_____ % Residential

Residential clients (check all that apply):

- Single Family Homes Home Owner Assoc. Condo Assoc. Multi-unit Residential (including apartments)

Will you perform ANY WORK for projects involving **new** tract housing developments OR multi-unit residential structures including apartments **PRIOR** to the issuance of the certificate of occupancy? Yes No

Have you (within the past 15 years) performed ANY WORK for projects involving **new** tract developments or multi-unit residential structures including apartments **PRIOR** to the issuance of the certificate of occupancy? Yes No

Are you insured under an OCIP (Owner Controlled Insurance Program)? Yes No

C. OPERATIONS

Type of Work	Payroll	Receipts
Tree pruning, trimming (other than utility line)	\$ _____	\$ _____
Utility Line Clearing Power: _____% Communications: _____%	\$ _____	\$ _____
Tree Removal	\$ _____	\$ _____
Land Clearing for developments (housing or other structures)	\$ _____	\$ _____
Stump Grinding	\$ _____	\$ _____
Spraying of Lawn, Plants or Trees	\$ _____	\$ _____
Firewood or Mulch Sales	\$ _____	\$ _____
Snow Removal **	\$ _____	\$ _____
Lawn Cutting and Light Clean Up	\$ _____	\$ _____
Landscape Gardening (installation of plants, trees, shrubs, mulch application, sprinkler head repair, lawn cutting, trimming)	\$ _____	\$ _____
Irrigation Installation in conjunction with Landscape	\$ _____	\$ _____
Hydro-seeding or Sod Laying	\$ _____	\$ _____
Nursery	\$ _____	\$ _____
Landscape Construction OTHER THAN planting or sod laying (e.g. concrete work, drainage systems, irrigation, fences, walls, decks etc.)**	\$ _____	\$ _____
Other : _____	\$ _____	\$ _____

**If you've entered snow removal or landscape construction payroll above, completion of last page I is required

D. SUBCONTRACTS

% of Work Subcontracted _____ % Cost of Subcontracts \$ _____

Type of work Subcontracted: _____

- Are Certificates of Insurance required from Subcontractors? Yes No
- Do your contracts with subcontractors contain indemnification and/or hold harmless wording? Yes No

2. ADDITIONAL INSURED REQUIRMENTS

Is BLANKET additional insured status with completed operations required? Yes No

Approx. number of residential jobs requiring additional insured status with completed operations _____

Approx. number of commercial/non-habitation jobs requiring additional insured status with completed operations _____

3. PEST MANAGEMENT

- Are you licensed to apply pesticides/herbicides and do you apply them? Yes No
 - Do you apply EPA approved pesticides and/or herbicides? Yes No
 - Are all your employees who apply pesticides/herbicides licensed or supervised by a licensed applicator? Yes No
- (Attach a copy of your current license - required for coverage)**

4. EMPLOYEES AND SAFETY:

- Do you have a formal hiring procedure manual? Yes No
- Do you conduct reference checks? Yes No
- Employee Turnover Rate _____ %
- Do you have a formal training program in place? Yes No
- Are employees trained in use of each piece of equipment? Yes No
- Is safety training documented? Yes No
- Is pre-employment drug testing conducted? Yes No
- Are employees trained what to do when a vehicle or customer accident occurs? Yes No
- Actions taken on problem drivers? Yes No
- Do you have any incentive based safety programs? Yes No
- Are you a member of any professional Landscape or Arborist Association? Yes No
- Name of Association(s): _____
- Describe your training / safety programs in place: _____

5. EQUIPMENT

List mobile equipment subject to motor vehicle or financial responsibility laws:

- Do you own, lease, rent, hire or borrow bucket trucks or lifts? Yes No
- Do you own, lease, rent, hire or borrow cranes with grapples or hooks? (If yes, Crane supplemental must be completed) Yes No
- Do you rent, lease or borrow equipment from others? Yes No
- With Operators? Yes No
- Type of equipment rented/leased: _____
- Do you lease, rent or loan out equipment to others? Yes No
- With Operators? Yes No
- If yes describe the type of work: _____
- Equipment maintenance program in place? Yes No
- Address/location of the equipment stored: _____
- Describe the type of security measures in place: _____

6. PROPERTY

Briefly describe the area around your building location & security (industrial, residential, off major road, type of lighting, etc.):

What is the average number of visitors daily? _____

Describe the care and conditions of the premises (include housekeeping practices): _____

7. AUTOMOBILE

- Do you carrier Workers Compensation coverage? Yes No
- Do drivers travel over the same routes Yes No
- Do you obtain MVR's for all drivers? Yes No
- Are road tests given to drivers? Yes No
- Do you have drivers under the age of 21? Yes No
- Are employees allowed to drive company vehicles for personal use? Yes No
- If yes, when & who? _____
- Do family members have use of company vehicles? Yes No
- If yes, when & who? _____
- Are there written procedures for use of company vehicles? Yes No
- (If yes, please attach copy)
- Do you have an automobile maintenance program in place? Yes No
- If yes, please describe: _____

8. OTHER

- Do you store L.P.G., flammable liquids, ammuniton or explosives on the premises? Yes No
- If yes, please describe: _____
- Are they stored in NFPA approved cabinets Yes No

**** Must Complete If Landscape Construction or Snow Removal Payroll Entered On Page 1****

a.

Landscape Construction	Commercial %	Residential %
Irrigation-Sprinkler System Installation/Repair - Separate Jobs (not included in Landscape project)	%	%
Underground Drainage Systems	%	%
Grading of Land	%	%
Excavation	%	%
Concrete or Cement Work – foundation, patio, sidewalk, building envelope	%	%
Retaining Walls: over 5' _____ % Max height _____ ft	%	%
Swimming Pool Construction	%	%
Ornamental Pools, Fountains, Spas,	%	%
BBQ and Fire Pit Const.	%	%
Gazebos Installation	%	%
Fences-Walls-Decking Building/Repair	%	%
Vegetation / Roof Top Gardening (additional information required)	%	%
Gutter installation or repair	%	%
Other: _____	%	%
Total (Commercial and Residential must equal 100%)	%	%

b.

SNOW PLOWING:		Payrolls	Receipts
Residential: Private homes	<input type="radio"/> Yes <input type="radio"/> No	\$	\$
Condos, Apartments complex	<input type="radio"/> Yes <input type="radio"/> No	\$	\$
Public Access Office Dev./Malls	<input type="radio"/> Yes <input type="radio"/> No	\$	\$
Office Dev. With no Public Access	<input type="radio"/> Yes <input type="radio"/> No	\$	\$
Streets or Roads	<input type="radio"/> Yes <input type="radio"/> No	\$	\$
Member of SIMA or other Organization	<input type="radio"/> Yes <input type="radio"/> No		
# of years offering snow plowing:			
# of years experience snow plowing:			

To consider removal of snow plowing exclusion the following are required:

- Copy of snow removal contract if plowing for other than private single family residences
- Currently valued loss runs past four years
- MVR for plow operators (even if not submitting the auto for quote)

Insured Signature: _____ Title: _____

Print Name: _____ Date Signed: _____