

New England Excess Exchange, Ltd.  
P O Box 650 ~ Barre VT 05641  
800-548-4301 ~ Fax 800-347-4935

LANDSCAPERS PROGRAM APPLICATION  
General Liability

APPLICANT INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Contractor License Number (if required) \_\_\_\_\_

Policy Term: \_\_\_\_\_

Business Description:  Individual  Partnership  Corporation  Other \_\_\_\_\_

Limits Requested: Occurrence \_\_\_\_\_ Personal Injury/Advertising \_\_\_\_\_

General Aggregate \_\_\_\_\_ Medical Payments \_\_\_\_\_

Products/Comp Ops Aggregate \_\_\_\_\_ Fire Legal \_\_\_\_\_

Property Damage Extension (Care, Custody and Control) \_\_\_\_\_

Estimated annual payroll \$ \_\_\_\_\_ Estimated annual receipts \$ \_\_\_\_\_

Years in business \_\_\_\_\_ Average number of employees \_\_\_\_\_

Years experience \_\_\_\_\_ Percentage use of part-time employees \_\_\_\_\_ %

Percentage use of subcontractors \_\_\_\_\_ %

(Note: Subcontractors must provide certificates of general liability and workers' compensation insurance)

Describe applicant's operations (all operations must be eligible in order to qualify for this program)

Landscaping, Lawn Care \_\_\_\_\_ % Residential \_\_\_\_\_ % Commercial \_\_\_\_\_ % Other \_\_\_\_\_

Percentage of tree trimming and nursery work to total revenue \_\_\_\_\_ %

Pesticides, herbicides used? \_\_\_\_\_ Any fumigating, spraying? \_\_\_\_\_

Any landscape architectural work? \_\_\_\_\_ Owners & Contractors Protective? \_\_\_\_\_

Largest job (sales) \$ \_\_\_\_\_ Typical job (sales) \$ \_\_\_\_\_

Describe any use of cranes or heavy equipment \_\_\_\_\_

Workers' Compensation insurer and policy number \_\_\_\_\_

THREE YEAR LOSS EXPERIENCE

Date

Losses (description and amounts paid and incurred)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Producer Name & Address

\_\_\_\_\_  
Date Completed