

# LightScapePro Package Supplemental Questionnaire

**For risks with 50% or greater outdoor lighting exposure.**

## GENERAL INFORMATION:

Applicant's Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Web Site Address: \_\_\_\_\_  
 Federal Tax ID # \_\_\_\_\_ Or Owner's Social Security #: \_\_\_\_\_  
 Expiring Premium \_\_\_\_\_ Years in business under current name: \_\_\_\_\_  
 List the States in which you do business: \_\_\_\_\_

## 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): \_\_\_\_\_  
 Percentage of current operations: General Contractor: \_\_\_\_\_% Subcontractor: \_\_\_\_\_% Constr. Mgr: \_\_\_\_\_%

### 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)  
 \_\_\_\_\_% Residential \_\_\_\_\_% Commercial \_\_\_\_\_% Residential \_\_\_\_\_% Commercial  
 Are you insured under an OCIP (Owner Controlled Insurance Program)?  Yes  No  
 If yes, list annual payroll for OCIP project (should not be included below) \$ \_\_\_\_\_

### C. OPERATIONS (\*\*If you've entered snow removal or landscape construction payroll above, completion of last page is required)

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

# LightScapePro Package Supplemental Questionnaire (continued)

## 1. DESCRIPTION OF OPERATIONS *(continued)*

### D. SUBCONTRACTS

Percentage 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

### E. HEIGHT EXPOSURE

Average Height (# of Stories): \_\_\_\_\_      Percentage of Work \_\_\_\_\_%  
 Maximum Height (# of Stories): \_\_\_\_\_      Percentage of Work \_\_\_\_\_%  
 Describe equipment used to reach heights: \_\_\_\_\_  
 Describe fall protection used when working at heights: \_\_\_\_\_  
 Describe measures in place to prevent injury to persons or damage to property around the work area: \_\_\_\_\_

## 2. ADDITIONAL INSURED REQUIREMENTS

Is **BLANKET** additional insured status with completed operations required?       Yes     No  
 Approx. number of **commercial** projects requiring additional insured status with completed operations: \_\_\_\_\_  
 Approx. number of **residential** projects 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  
 Describe any interior pest management/animal control services offered: \_\_\_\_\_  
 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  
 Do you properly secure and/or immobilize tools and equipment when not in use?       Yes     No  
 Do you follow manufacturer's instructions and code requirements for product installations?       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: \_\_\_\_\_

Do you comply with all standards of any statute, ordinance, regulation or license requirements or any federal, state or local government which apply to your operations?       Yes     No

## LightScapePro Package Supplemental Questionnaire (continued)

### 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

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: \_\_\_\_\_

If materials and equipment are stored in company vehicles overnight, are vehicles provided with good locks and a vehicle alarm system?  Yes  No

### 6. PROPERTY:

Are premises owned or leased?  Owned  Leased

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 annually?  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? (If yes, please attach copy)  Yes  No

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, ammunition or explosives on the premises?  Yes  No

If yes, please describe: \_\_\_\_\_

Are they stored in NFPA approved cabinets?  Yes  No

## LightScapePro Package Supplemental Questionnaire (continued)

### 8. OTHER (continued)

**\*\* Must Complete If Landscape Construction, Rooftop Garden Installation or Snow Removal Payroll Listed On Page 1\*\***

#### A. ROOFTOP GARDEN/GREEN ROOF INSTALLATION\*\*

Do you design the rooftop garden?  Yes  No

Is there an engineer on staff that completes the design?  Yes  No

Is there professional coverage in place?  Yes  No

Who determines that the roof is structurally sound to support a roof garden? \_\_\_\_\_

Do you install drainage systems?  Yes  No

If so, describe the type of drainage system: \_\_\_\_\_

How is the drainage system maintained? \_\_\_\_\_

Who determines the placement of trees shrubs, planters, etc? \_\_\_\_\_

Describe your experience in rooftop landscape installation (years experience and training): \_\_\_\_\_

How is the site protected to prevent people or items from falling off the roof? \_\_\_\_\_

#### B. LANDSCAPE CONSTRUCTION\*\* (Residential and Commercial combined total must equal 100%)

Landscape Construction	Residential	Commercial
Irrigation-Sprinkler System Installation/Repair – Separate Jobs (not included in landscape project)	%	%
Retaining Walls: over 5 feet: _____% Maximum height: _____feet	%	%
Fences-Walls-Installation/Repair	%	%
Deck Installation/Repair	%	%
Water features: Fountains, Spas, Ornamental Pools	%	%
Underground Drainage Systems	%	%
Grading of Land	N/A	%
Excavation	N/A	%
Concrete or Cement Work – foundation, patio, sidewalk, building envelope	%	%
Gazebos Installation	%	%
BBQ and Fire Pit Construction	N/A	%
Swimming Pool Installation	%	%
Other:	%	%
<b>SUBTOTAL:</b>	%	%
<b>TOTAL: (Residential and Commercial combined total must equal 100%)</b>	<b>%</b>	

# LightScapePro Package Supplemental Questionnaire (continued)

## 8. OTHER (continued)

**\*\* Must Complete If Landscape Construction, Rooftop Garden Installation or Snow Removal Payroll Listed On Page 1\*\***

### C. SNOW PLOWING\*\*

			Payrolls	Receipts
Residential: Private Homes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____	\$ _____
Condos, Apartments Complex	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____	\$ _____
Public Access Office Developments/Malls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____	\$ _____
Office Developments with No Public Access	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____	\$ _____
Streets or Roads	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____	\$ _____
Member of SIMA or other organization	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Number of years offering snow plowing			_____	
Number 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)

## 9. SIGNATURE

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you do not have an electronic signature on your computer, please simply print and sign this form prior to submitting it to us.*

**PLEASE INCLUDE THE FOLLOWING ITEMS ALONG WITH THIS SUPPLEMENTAL QUESTIONNAIRE:**

- ✓ Completed & Signed accord applications for lines of business to be quoted
- ✓ 3 years plus 1 current year of currently valued, hard copy loss runs for all lines of business being requested. Loss runs should be valued within the past 90 days and include a brief description of all claims over \$10,000.
- ✓ If Automobile coverage has been submitted, please provide a current driver list and MVR's for all drivers of company vehicles.
- ✓ Current financials will be required for all accounts that generate over \$100,000 in annual premium.

**PLEASE SEND SIGNED FORM AND ANY ADDITIONAL REQUIRED ATTACHMENTS TO THE ADDRESS BELOW:**

Submit the form(s) electronically to: [NIPProSub@nipgroup.com](mailto:NIPProSub@nipgroup.com)

Or, mail the form(s) to:  
**NIP Group**  
 LightScapePro Division  
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