

LandPro®TreePro™ Pesticide/Herbicide and Pollution Liability Questionnaire

Insured: _____

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

List all states that you perform work in _____

1. STAFF

Number of Owners / Partners Etc. _____ Number of Employees applying pesticides/herbicides _____

2. PESTICIDE/HERBICIDE APPLICATION

- Do you apply **ONLY** EPA Approved pesticides and/or herbicides? Yes No
- Please list years of experience applying pesticides/herbicides _____
- Do you carry more than 20 gallons of pesticide/herbicide per vehicle each day? Yes No
- Do your spraying methods include general spraying - example: aerial or from a large truck? Yes No
- Do you apply chemicals to agricultural crops? Yes No
- Are all your employees who apply pesticides/herbicides licensed or supervised by a licensed applicator? Yes No
- Are employees required to wear personal protective equipment? Yes No
- Are customers provided advanced notice of spraying activities and areas posted after spraying to stay off treated areas until dry? Yes No
- Are proper records maintained such as customer name, date application made, amounts applied, etc.? Yes No
- Are the only chemicals applied federally/state approved with no mixing (no unclassified chemicals used)? Yes No
- Do you have a written hazard communication plan? Yes No
- Do you adhere to a state, federal or local government regulations regarding storage, application, disposal and safety program for chemical handling including spills? Yes No
- Has your company ever had a complaint from the Department of Agriculture or EPA? Yes No
- Any application process other than spraying outdoors? Yes No

(Attach a copy of your current license - required for coverage)

Insured Signature: _____	Print Name: _____
Title: _____	Date: _____
	Signed: _____