



GrowPro Questionnaire
Landscape / Tree Pruning Exposures

Named Insured: _____ Policy Effective Date: _____

Address: _____

Table with 3 columns: Item, Payroll, Receipts. Rows include Landscape Maintenance, Irrigation, Christmas Decorations, Tree Work, Spraying, Firewood, Utility Line Work, and Landscape Construction.

Landscape Construction / Hardscape Exposures

If you entered landscape construction payroll on the previous page, please provide the percentage of construction operations. If none, enter "0".

- _____ Irrigation Sprinkler System (New Installation)
_____ Concrete or Cement Work
_____ Swimming Pool Construction
_____ Underground Drainage Systems
_____ Grading of Land
_____ Other (Please Describe Below)
_____ Irrigation-Sprinkler System (Repair or Maint. Only)
_____ Plant, Tree, or Shrub Installation
_____ Ornamental Pools, Fountains, or Spas
_____ Gazebo Installation
_____ Fences, Wall, Decking Const. / Repair

Total: _____% (Must be 100%)

If you selected "Other", describe here: _____

Do you operate as:

- General Contractor () Yes () No
Construction Contractor () Yes () No
Subcontractor () Yes () No

If yes, indicate the % of operations:

- _____ % You hire multiple classes of subcontractors to perform work for you
_____ % Your contract is direct with the project owner
_____ % You are a subcontractor of a general contractor

Indicate the average % of your total payroll for the following:

Commercial Work _____% Residential Work: _____%

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

Employee Safety

Do you have a formal safety program in place? () Yes () No
Is pre-employment drug testing conducted? () Yes () No
Do you conduct reference checks? () Yes () No
Employee Turnover Rate _____ %

Do you have **Snow Plowing Exposure?** () Yes () No If yes, indicate the type of work done:

	Payroll	Receipts
Residential (Private Homes) () Yes () No	\$ _____	\$ _____
Condos, Apartment Complexes () Yes () No	\$ _____	\$ _____
Public Access Office Dev. / Malls () Yes () No	\$ _____	\$ _____
Office Dev. With no public access () Yes () No	\$ _____	\$ _____

If you plow for any commercial or multi-unit residential customers, please provide a copy of your snow plow contract.

Have you done any construction work in the past 15 years for any of the following:

	() Yes () No	% New or Rehab	% Service / Maint.
Multi-family housing (condos, apartments, townhouse)	() Yes () No	_____ %	_____ %
Single family housing	() Yes () No	_____ %	_____ %
Tract Housing	() Yes () No	_____ %	_____ %
Are you insured under an OCIP?	() Yes () No	_____ %	_____ %

Named Insured's Signature

Date