

InteriorScapePro Package Supplemental Questionnaire

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
 _____% Government Facility _____% Government Facility

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
Indoor Plant Installation	\$	\$
Indoor Plant Maintenance	\$	\$
Indoor Landscape Construction/ Installation (other than living wall features)**	\$	\$
Indoor Landscape Maintenance	\$	\$
Living Wall Feature Installation	\$	\$
Living Wall Feature Maintenance	\$	\$
Rooftop Garden / Green Roof installation**	\$	\$
Rooftop Garden / Green Roof Maintenance	\$	\$
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	\$	\$
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:	\$	\$

InteriorScapePro 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 **government facility** 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
 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

InteriorScapePro 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? Yes No

(If yes, Crane supplemental must be completed)

Do you rent, lease or borrow equipment from others? Yes No

With Operators? Yes No

Type of equipment rented/leased: _____

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 carry 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? (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

InteriorScapePro 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** (Interior and Outdoor combined total must equal 100%)

Landscape Construction	Interior	Outdoor
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:	%	%
SUBTOTAL:	%	%
TOTAL: (Interior and Outdoor combined total must equal 100%)		%

InteriorScapePro 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**

Or, mail the form(s) to:

NIP Group

InteriorScapePro Division

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