

DESCRIPTION OF OPERATIONS

Operation	Payroll	Receipts
Landscaping	\$	Not Applicable
Lawn servicing (mowing, fertilizing, etc.)	\$	Not Applicable
Snowplowing	Residential	\$
	Commercial-Retail	\$
	Commercial-Other	\$
	Streets and roads	\$
Tree work	\$	Not Applicable
Fumigation, crop dusting or aerial spraying	\$	Not Applicable
Highway or utility right-of-way maintenance	\$	Not Applicable
Sales of commercial fruit trees and/or seeds	Not Applicable	\$
Other-Please describe	\$	\$
Total Payroll (excluding snowplowing)	\$	Not Applicable

EMPLOYEE DATA

Category	Number	During the past three years has any company ever canceled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri)
Owner(s) only		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____ _____ _____ _____
Other than clerical:		
Full-time		
Part-time		
Leased		
Total		

PRIOR INSURANCE HISTORY o See loss run attached

Year	Company	Policy No.	Premium	Paid Losses	Reserved Losses	Loss Description

ADDITIONAL INSURED INFORMATION

Name	Address

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE _____ DATE _____

NAME AND PHONE NUMBER OF PERSON TO CONTACT FOR INSPECTION OR AUDIT:

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS-IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE