



Raleigh Office: PO Box 176001 • Raleigh, NC 27619 • (888) 393-2667 • FAX (888) 881-5744
Charlotte Office: PO Box 471127 • Charlotte, NC 28247-1127 • (800) 360-7867 • FAX (704) 752-4854

Landscaping/Nurseries
Workers Compensation
Additional Information Requested

1. What % of work is commercial? _____ What % of work is residential? _____

2. Is there any road work or freeway work conducted? Yes No

If yes,

explain _____

3. Is there any work performed out of state? Yes No

If yes,

explain _____

4. The number of FT employees? _____ Part Time _____ Seasonal _____

**Is any contract labor, cash labor, or labor services used? Yes No

If yes,

explain _____

**Are all employees required to provide a signed US Dept of Justice Form I-9 for verification of employment eligibility? Yes No If no, explain _____

5. Is any tree trimming and/or tree removal performed? Yes No If yes, what % _____

6. Are ladders and/or aerial buckets needed for a job? Yes No If yes, what % _____

7. Does the insured's operation include excavation? Yes No If yes, what % _____

8. Are underground lawn sprinkler systems installed? Yes No If yes, what % _____

9. Is there any planting of trees over 15 gallons? Yes No

If yes, describe _____

10. Describe the application of fertilizers and/or pesticides: _____

Is PPE provided and used properly? Yes No Describe: _____

11. What % of work is subcontracted? _____ Operations Sublet? _____

Estimated annual cost for subcontracted work? _____

Are WC Insurance certificates obtained for subcontracted work? Yes No

If no,

explain _____

12. Is group transportation provided? Yes No How often? _____

Describe type of transportation to and from worksite? _____

How many employees travel together in the same vehicle to and from worksite? _____