

Is the safety training documented and signed by employees?	Yes	No
Is personal protective equipment provided?	Yes	No
Are employees given written warnings after violating safety rules?	Yes	No
Is a personnel file kept on each employee?	Yes	No
Is there a written accident investigation program?	Yes	No
Are jobs preplanned or inspected prior to work being done?	Yes	No
Are job sites closed off to the public?	Yes	No
Are employees trained in electrical hazard awareness?	Yes	No
Are Certificates of Insurance obtained from subcontractors?	Yes	No
Is there a drug-testing program?	Yes	No
Is there a return to work program?	Yes	No
Is there an incentive-based safety program?	Yes	No
Has your company been cited or fined by OSHA in the past 10 years?	Yes	No

Automobile Safety Program

Is there a scheduled maintenance program for all vehicles? If yes, how often? _____	Yes	No
Is a maintenance and repair log maintained for these vehicles?	Yes	No
Is there a personal use policy for company vehicles?	Yes	No
Is any personal use of vehicles allowed by any employees or employees family members?	Yes	No
Are MVRs obtained for each driver?	Yes	No
Does management review MVRs?	Yes	No
Is disciplinary action taken for drivers with violations or accidents?	Yes	No
Are road tests given prior to operating company vehicles?	Yes	No
Are drivers trained in defensive driver techniques?	Yes	No
Are employees instructed in accident reporting procedures?	Yes	No

Property & Equipment

Building protection (check all that apply)	Fire Extinguishers	Central Station Alarm	Sprinklers	
Is the yard fenced and well lit?			Yes	No
Are tools and equipment locked up overnight?			Yes	No
Do you rent/lease/borrow equipment from others?			Yes	No
Check all that apply: With Operators Without Operators				
Describe the type of equipment rented/leased/borrowed: _____				
Do you rent/lease/loan equipment to others?			Yes	No
Check all that apply: With Operators Without Operators				
Is there a rental/lease contract?			Yes	No
Is a Hold Harmless Agreement in place and in your favor for all equipment rented/leased others?			Yes	No

Pest Management

Does your company apply Pesticides/Herbicides or Fumigate/Fertilize?	Yes	No
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If you answered "No" – DO NOT complete the remainder of Pest Management section.

What percent of your total revenues are derived from:

Pesticides/Herbicides or Application? _____% Fumigate/Fertilize? _____%

Are you licensed to apply pesticides/herbicides in your state?	Yes	No
Is certification required to apply pesticides/herbicides?	Yes	No
Is recertification required?	Yes	No
How are pesticides/herbicides applied? _____		
How are pesticides/herbicides stored on premises? _____		
What is the quantity stored on premises? _____		
Has the company ever had a pollution claim?	Yes	No
If yes, please describe: _____		

Please list the pesticides/herbicides used:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Job List (REQUIRED)

Please list the last 5 jobs completed:

Project Name	City	Description of Work Performed	Type of Project**	Job Cost

****Type of Project:** Commercial (C); Single Family-Residential (SFR); Multifamily-Residential (MFR); Condo/Townhouse (CTH); Apartments (A); Other (O)

Payroll & Receipts History

Expiring Payroll \$	Gross Receipts \$	3rd Year Payroll \$	Gross Receipts \$
Prior Year Payroll \$	Gross Receipts \$	4th Year Payroll \$	Gross Receipts \$

Workers' Compensation - Estimated Payroll Allocations - ONLY complete if applying for WC

Location # (s)	Job Description – Do Not Include Sales or Office Employees	# of Full Time Employees	# of Part Time Employees	Payroll – Excluding Owners
	Tree – Including all Pruning/Removal/Stump Grinding/Chipping/Pesticide/Herbicide/Fertilization/Fumigation/Aerial Work/Groundsman Work/Cleanup			
	Utility Line Maintenance – Right of Way Clearing for Electric, Power, and Telephone Lines With Dozers and Hydro Axes			
	Utility Line Maintenance – Right of Way Clearing for Electric, Power, and Telephone Lines With Hand Tools such as Chainsaws			
	Excavation – Digging/Filling/Back Filling			
	Grading of Land – Leveling of Land by Scraping, Cutting, Piling, and Pushing Earth to Rearrange the Terrain			
	Land Clearing for Houses or Other Development			
	Landscaping – Laying Sod/Bush Planting/Flowerbeds/Weeding/Laying Mulch/Retaining Walls/Patio Block Work			
	Lawn Maintenance – Mowing/Edging/Blowing/Lawn Fertilizing/Spring and Fall Cleanups			
	Mulch Manufacturing – Using Tub Grinders or Other Mechanized Method – All Employees including Loaders and Operators			
	Yard Work – Employees that Work on Vehicles or in the Yard and Perform NO Jobsite Work			
	Nursery Operations – Retail or Wholesale			
	Snow Plowing or Removal			
	Crew Supervisors – Supervise/Manager Multiple Crews at Jobsites and Never Do any Actual Jobsite Work			
	Other (describe):			

Claims/Legal History

Has any lawsuit ever been filed, or any claims otherwise been made against your company, or any partnership or joint venture of which you have been a member, or your company's predecessors in business or against any person, company or entities on whose behalf your company has assumed liability? Yes No

If yes, please explain: _____

Is your company aware of any facts, circumstances, incidents, situations, damages, or accidents (including, but not limited to, faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? Yes No

If yes, please explain: _____

The undersigned applicant warrants the above statements and particulars, together with any attached or appended documents or materials ("this questionnaire") are true and complete and do not misrepresent, misstate, or omit any material facts. Furthermore, the applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the questionnaire as it may deem necessary.

The applicant agrees to notify the Company of any material changes in the answers to the questions on this Questionnaire which may arise, prior to the effective date of the policy issued pursuant to this Questionnaire, and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Notwithstanding any of the foregoing, the Applicant understands that the Company is not obligated nor under any duty to issue a policy of insurance based upon this information. The Applicant further understands that if a policy is issued, the Questionnaire will be incorporated into and form a part of the underwriting file.

Owner's Signature _____

Print Name _____

Date _____

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER
OR THE PROGRAM MANAGER TO COMPLETE THE INSURANCE.

Eydent Insurance Services LLC
PO Box 1905
Mt. Pleasant, MI 48804-1905
Phone: 1-989-775-6696
Fax: 1-989-775-0835