

ROBERT W. SCHMIDT & COMPANY
3505 North 124th Street
Brookfield, WI 53005-2489

LANDSCAPING GENERAL LIABILITY SUPPLEMENT

(Include Acord application)

Applicant's Name: _____ Location Address: _____
Mailing Address: _____

Does applicant use pesticides or herbicides? Yes No If yes, are they EPA approved? Yes No
How are employees trained in handling: _____

Does applicant subcontract work? Yes No
If yes, type of work subcontracted: _____
Are certificates of insurance obtained? Yes No Annual Subcontract cost: \$ _____
Are utilities contacted prior to work? Yes No
Any repair work offered? Yes No
If yes, please describe: _____
Type of equipment: _____
Any loan or rental to others? Yes No

Description of Operations

Category	Payroll	Receipts
Landscaping	\$	Not applicable
Law servicing (mowing, fertilizing, etc.)	\$	Not applicable
Snowplowing Residential Commercial - Retail Commercial - Other Streets & 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
Owner(s) only	
Other than clerical:	
Full-time	
Part-time	
Leased	
TOTAL:	

During the past three years, has any company ever cancelled, declined or refused to issue similar insurance to the applicant? Yes No
If yes, please explain: _____
Not applicable in Missouri

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature _____ Producer's Signature _____ Date _____