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**SERVICE CONTRACTORS**

**1. General Information**

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

Other Locations Used:

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

Is this a new business?  Yes  No If no, how many years have you been in business? \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: \_\_\_\_\_

Fax: \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

**2. Insurance History**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim?  Yes  No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_

**3. Desired Insurance**

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

**Self-Insured Retention (SIR):**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**4. Business Activities**

- How many service vehicles operated last year? \_\_\_\_\_
- How many vehicles operated this year? \_\_\_\_\_
- How many vehicles owned by business other than service vehicles? \_\_\_\_\_
- Please indicate annual payroll for each of these positions:

Licensed Applicators	\$	Salesmen	\$
Other Service Personnel	\$	All Other Service Employees	\$
Office Employees	\$		\$

5. Type of Business:

- |  |   |
|--|---|
| <input type="checkbox"/> Agricultural            | <input type="checkbox"/> Pest Control             |
| <input type="checkbox"/> Aquatic Management      | <input type="checkbox"/> Tree Trimming & Spraying |
| <input type="checkbox"/> Lawn Care & Landscaping | <input type="checkbox"/> Vegetation Management    |
| <input type="checkbox"/> Mosquito Control        | <input type="checkbox"/> Water Management         |
| <input type="checkbox"/> Other                   |   |

6. Please specify the dollar amount and percentage relative to all services performed:

a. Tree Service Operations:

	Annual Dollar Amount	Percentage
Tree Spraying	\$	%
Tree Injection	\$	%
Tree Trimming	\$	%
Tree Removal	\$	%
Stump Removal	\$	%
Tree Planting	\$	%

	<b>Annual Dollar Amount</b>	<b>Percentage</b>
Shrub Planting	\$	%
Brush & Lot Clearing	\$	%
Chipping	\$	%

b. Vegetation and Land Management Operations:

	<b>Annual Dollar Amount</b>	<b>Percentage</b>
Lawn & Shrub Chemical Service	\$	%
Weed Control Chemical Service	\$	%
Fertilizer Chemical Service	\$	%
Right of Way Chemical Service	\$	%
Mowing and Raking Lawn Care	\$	%
Core Aeration	\$	%
Nursery Operations	\$	%
Tree spraying	\$	%
Tree trimming	\$	%
Tree removal	\$	%
Stump Removal	\$	%
Tree planting	\$	%

c. Landscaping

	<b>Annual Dollar Amount</b>	<b>Percentage</b>
Landscaping Services (Excluding Underground)	\$	%
Landscaping Services (Including Underground)	\$	%
Interior Scaping	\$	%
Backhoe Source Reduction	\$	%
Use of Special or Heavy Equipment (Excavator, etc.)	\$	%

d. Wildlife Management Operations:

	<b>Annual Dollar Amount</b>	<b>Percentage</b>
Wild Bird Trapping & Control	\$	%
Wild Animal Trapping & Control	\$	%
Control & Prevention Services (Screening & Venting)	\$	%
Wildlife Inspections	\$	%
Domestic and/or Suburban Animal Control	\$	%

e. Pest Control:

	Annual Dollar Amount	Percentage
Extermination of Insects	\$	%
Extermination of Rodents	\$	%
Extermination of Termites	\$	%
Mosquito Control *if over 10% see separate questionnaire	\$	%
Odor & Moisture Control	\$	%

f. Retail & Wholesale Sales and Manufacturing

	Annual Dollar Amount	Percentage
Wholesale Sales of Chemical Products	\$	%
Wholesale Sales of Equipment	\$	%
Retail Sales of Chemical Products	\$	%
Retail Sales of Equipment	\$	%
Firewood Sales	\$	%
All Other Sales – Explain:	\$	%

g. Real Estate/Building Inspections ONLY (no pest control service or application, excluding properties previously treated by your company)

i. Average charge per inspection: \$ \_\_\_\_\_

ii. Number of inspections per year: \_\_\_\_\_

	Annual Dollar Amount	Percentage
Radon Inspection Services	\$	%
Other inspections (please explain):	\$	%

h. Fumigations

	Annual Dollar Amount	Percentage
Tenting, Buildings (commercial & residential)	\$	%
Commodities (Products, agriculture)	\$	%
All Other (please explain):	\$	%

i. All Other Contract Services:

	Annual Dollar Amount	Percentage
Snow Removal – Explain:	\$	%

	Annual Dollar Amount	Percentage
Roof Cleaning – Explain:	\$	%
All Other – Explain:	\$	%

j. Total Annual Gross Income: \$\_\_\_\_\_

k. Does the applicant ever use explosives to remove tree stumps or for any other purposes?

Yes  No

Note: There is no coverage for: damage to property of others caused by explosion or blasting; collapse of or damage to buildings caused by excavation work; nor damage to underground wires or pipes caused by mechanical excavation equipment.

7. Did you enter into a written contract with your client?  Yes  No

If yes, explain: \_\_\_\_\_

8. Did a broad form indemnity agreement, covering liability arising from the sole negligence of the Applicant, ever exist?  Yes  No

9. Did an intermediate agreement that holds both the client and the Applicant jointly liable for a loss ever exist?  Yes  No

10. Did a limited agreement, which holds the Applicant harmless for claims arising from the contractor's negligence ever exist?  Yes  No

11. Are contractual indemnity agreements entered into holding you responsible for damages?  Yes  No

12. Is any mechanical or contractors equipment left unattended at any job site?  Yes  No

13. Do you burn brush?  Yes  No

14. Is the Applicant aware of the poisonous nature of plants and, (1) restrict their use, and (2) advise each client of the potential hazards and risks?  Yes  No

15. Do you ever rent or borrow equipment (with or without operator) from others or loan to others?  Yes  No

If yes, explain: \_\_\_\_\_

16. Do you sell any products to the public?  Yes  No

If yes, explain: \_\_\_\_\_

17. Are all employees given regular, thorough physical examinations?  Yes  No

If no, would you be willing to require it?  Yes  No

18. Do you operate beyond a 50-mile radius?  Yes  No

If yes, how far? \_\_\_\_\_

19. Are adequate records obtained and maintained of bid orders, work orders, release agreements, billings reports of accidents or problems on a job, etc.?  Yes  No

20. Please provide a list of the equipment in use relating to your "on the job" business operations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Please identify the square footage of any space you occupy in association with your business:

	Square Footage
Office	
Warehouse	
Garage	
Parking	
Other (please explain):	

22. Do you ever provide Underground Landscape work that exceeds 2 ft. below the soil surface?

Yes  No

If yes, explain: \_\_\_\_\_

23. If public utilities (power, gas, phone, water) are available, do you use their customer service for assistance and to identify underground fixtures or right-of-way work near any utility lines?  Yes  No

If no, explain why: \_\_\_\_\_

24. Are chemicals sold?  Yes  No

If yes, list manufacturer and amount of retail and wholesale sales:

Manufacturer (please list):	Retail Sales	Wholesale Sales
	\$	\$
	\$	\$

25. Does your state require licensing of all applicators?  Yes  No

26. Does your state require licensing of tree service companies?  Yes  No

27. Does your state require licensing of landscape companies?  Yes  No

28. Indicate the chemical and manufacturer of each used for the following:

	Chemical Used	Manufacturer
Tree Spraying or Injecting:		
Lawn, Shrubs and other Vegetation or Land Management Services:		
Exterminating Insects, Rodents:		
Fumigation (Buildings, Commodities)		
Agriculture		
Aquatic and Water Management		
Other - Explain:		

Note: A manuscript coverage contract, which might be issued pursuant to this application, will not cover liability arising out of the use of pesticides or chemicals not approved by the EPA and/or not authorized in the state of application.

29. List principal owners and operators of business:

NAME	DUTIES	YEARS EXPERIENCE

30. Provide a copy of each of the following: your training program, bid and job contract, work order form, customer release of liability form, any yellow page ad, and any sales brochures or pertinent materials.

31. What work do you have sub-contracted out? \_\_\_\_\_  
 \_\_\_\_\_

32. Do you request certification of liability from Sub-Contractors?  Yes  No

33. Indicate the percentage of the type of services you provide:

Commercial Clients	%	Residential	%
Industrial Clients	%	Restaurant, Bar, Tavern	%
Municipal Clients	%	Office Building	%
Religious Clients (e.g. Churches)	%	U.S. Government	%
Hospital or Health Care	%	Schools or Arenas	%

34. Do you operate from your home and use chemicals?  Yes  No

If yes, answer the following questions:

a. Are all chemicals stored in a separate building?  Yes  No

If no, please describe in detail your storage of chemicals, containers, etc. on a separate sheet of paper.

b. How are chemicals protected and secured? \_\_\_\_\_

c. What is the form of heating used in your chemical storage area? Describe: \_\_\_\_\_  
 \_\_\_\_\_

d. Do you rent equipment out for "Do it Yourself" clients?  Yes  No

If yes, what are gross receipts? \$ \_\_\_\_\_

e. Explain or outline your equipment maintenance and service program: \_\_\_\_\_  
 \_\_\_\_\_

35. Have you ever been subject of a complaint to or disciplinary action by authorities as a result of your professional activities?  Yes  No

36. Has any employee or Independent Contractor been injured or had cause or reason to lose work or seek medical care due to his occupation and related activities?  Yes  No

If yes, please describe on a separate sheet of paper.

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name