



Yancy Insurance & Financial Services

AGENT: Yancy Insurance & Financial Services
2019 E Lamar Blvd, Suite 100
Arlington, TX 76006
817-277-6100 Phone
817-261-7514 Fax

Landscaping General Liability Application

Applicant's Name: _____
Mailing Address: _____
City/State/Zip: _____
Email Address: _____

PROPOSED EFFECTIVE DATE:
From _____ To _____
12:01 A.M. Standard Time at the address of the Applicant
Phone: _____
Fax: _____

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify) _____

LIMITS OF LIABILITY REQUESTED		
General Aggregate		\$ _____
Products & Completed Operations Aggregate		\$ _____
Personal & Advertising Injury		\$ _____
Each Occurrence		\$ _____
Fire Damage (any one fire)		\$ _____
Medical Expense (any one person)		\$ _____
	Occurrence	\$ _____
Property Damage Extension (CCC)	Aggregate	\$ _____
Other		\$ _____
Other		\$ _____
Deductible (\$500 minimum)		\$ _____

LOCATION OF OPERATIONS		
	Street Address and City	State
1.	<input type="checkbox"/> Same as mailing address	_____
2.	_____	_____
3.	_____	_____

- How long has applicant been in business? _____ years Full-time Part-time
- 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: Annual subcontract cost: \$ _____
Type of work subcontracted: _____
Are Certificates of Insurance obtained? Yes No



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

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 <input type="checkbox"/> See loss run attached						
Year	Company	Policy No.	Premium	Paid Losses	Reserved Losses	Loss Description
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

ADDITIONAL INSURED INFORMATION	
Name	Address
_____	_____
_____	_____